

For Fiscal Service use only: Customer Name	Customer No.
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FS Form 2517
 Department of the Treasury
 Bureau of the Fiscal Service
 (Revised July 2015)

APPLICATION FOR RELIEF DUE TO THE LOSS, THEFT, OR DESTRUCTION OF PAID UNITED STATES SAVINGS BONDS OR NOTES

Read the instructions on page 2 before completing this form.
TYPE OR PRINT ALL INFORMATION

The undersigned hereby affirms that the following-described paid United States Savings Bonds or Savings Notes have disappeared as stated and that the information given is true so far as is known and ascertainable.

Note: "Bonds," as referred to below, includes Savings Notes, when appropriate.

A. Description of bonds:

Serial Number <small>(With denominational prefix and letter suffix)</small>	Issue Date <small>(Month and year)</small>	Amount Paid	Date Paid <small>(Month, day and year)</small>	Registration <small>(Social Security Number, names, including middle names or initials and connecting words, exactly as inscribed on the bonds)</small>

- B.** Were the bonds presented for redemption? Yes No
- Were the bonds stamped "Paid"? Yes No

C. State the reason(s) a film record of the bonds is not available:

D. State the circumstances surrounding the disappearance of and search for the bonds:

E. The undersigned petitions the Department of the Treasury for relief and agrees that, if the bonds should come into its possession, they will be surrendered to the Department as the property of the United States. Submit the bonds to: Treasury Retail Securities Site, P.O. Box 214, Minneapolis, MN 55480-0214, ATTN: FAS Adjustments. Further, the undersigned understands and agrees that relief granted pursuant to this claim is based on evidence presently available and does not constitute relief under 31 USC 3126.

Agent Code: _____

Date: _____

(Name of Paying Agent)

(Address – Street, Rural Route, or P.O. Box; City, State, and ZIP Code)

By: { _____
(Signature and Title of an Authorized Officer)

(Printed Name and Title)

(Telephone Number)

INSTRUCTIONS TO PAYING AGENTS

Note: "Bonds," as referred to below, includes Savings Notes, when appropriate.

- ITEM A** A complete description of the bonds must be furnished. If more space is needed, use a separate sheet of paper, identify it as "Item A", and reference the attachment in Item A of the application. State "not available" in second and fifth columns if information required by those columns is not available.
- ITEM B** If the bonds were not stamped PAID, ask the Treasury Retail Securities Site (P.O. Box 214, Minneapolis, MN 55480-0214; phone 844-284-2676—toll free) for instructions regarding (1) an additional agreement by the paying agent and (2) affidavits or certified statements from the bond owners. If such documents are required, they must be attached to the application.
- ITEM C** Provide a statement why film records of the bonds are not available.
- ITEM D** Please give a brief but complete account of the known circumstances surrounding the disappearance of the bonds and the search made to find them, including a search of the office equipment used in processing the bonds. Employees known to have handled the bonds must be questioned and the results of such questioning shown. Specify whether or not the bonds were handled in accordance with prescribed procedure. If more space is needed, use a separate sheet of paper, identify it as "Item D", and make reference to the attachment in Item D of the application.
- ITEM E** The application must be signed by an authorized officer having authority to bind the financial institution, such as a president, vice president, or cashier. If an authorized officer, as referred to herein, is not available at a branch, the application for relief must be submitted through the main office of the financial institution so that an authorized officer may sign as required.

When the form is completed and duly signed, forward the original and all necessary attachments to:

**Treasury Retail Securities Site
P.O. Box 214
Minneapolis, MN 55480-0214**