

For official use only:

Customer Name

Case Number

FS Form 5188 (revised March 2018)

OMB No. 1530-0042

# Durable Power of Attorney for Securities and Savings Bonds Transactions



**IMPORTANT:** Follow instructions in filling out this form. You should be aware that the making of any false, fictitious, or fraudulent claim or statement to the United States is a crime that is punishable by fine and/or imprisonment.

PRINT IN INK OR TYPE ALL INFORMATION

## 1. APPOINTMENT

I, \_\_\_\_\_, hereby appoint  
(Name of Grantor)

\_\_\_\_\_ as my attorney-in-fact.  
(Name of Attorney-in-Fact)

## 2. AUTHORITY

*(Check all the boxes that apply.)*

- A.  Relating to my Treasury securities and United States Savings Bonds and Notes, I authorize my attorney-in-fact named above to perform any and all transactions that Treasury regulations permit an attorney-in-fact to make. This authority includes the right to execute tax documents related to these securities. This does not include the authority to make transfers to the attorney-in-fact or to make gifts to others.
- B.  I authorize my attorney-in-fact named above to exercise any powers and duties, whether or not discretionary, that I am authorized to perform regarding securities belonging to any trust, probate estate, guardianship, conservatorship, custodianship, or other similar estate for which I am now, or may later be, appointed as fiduciary.
- C.  In addition to one or both of the above, I authorize my attorney-in-fact to make gifts to others. I further authorize my attorney-in-fact to make transfers (either for consideration or as a gift) to the attorney-in-fact.

Authorized transactions may include, but are not limited to, changes of payment information, collection of interest, redemptions, transfers, assignments, purchases by ACH or any other authorized payment method, or reinvestments. The Bureau of the Fiscal Service will not be liable for any loss, cost, or expense that you may incur as a result of transactions made by the attorney-in-fact appointed.

## 3. TERM AND DURABILITY

This power is effective until it is revoked in writing. (See Item 3 in the instructions for revocation procedures.) This is a durable power of attorney that will not be affected by the grantor's subsequent disability or incapacity.

**4. SIGNATURE** (You must wait until you're in the presence of a certifying officer to sign this form.)

**I ratify any and all authorized transactions by my attorney-in-fact.**

**Sign Here:** \_\_\_\_\_ (Print Name)

**Home Address:** \_\_\_\_\_ (Number and Street, Rural Route, or PO Box) (City) (State) (ZIP Code)

\_\_\_\_\_ (Account Number, if applicable) \_\_\_\_\_ (Taxpayer Identification Number)

**E-Mail Address:** \_\_\_\_\_ (Optional) \_\_\_\_\_ (Daytime Telephone Number)

Instructions to Certifying Officer:

1. Name of the person(s) who appeared and date of appearance **MUST** be completed.
2. Medallion stamps require an original signature.
3. Person(s) must sign in your presence.

I certify that \_\_\_\_\_, whose identity(ies) is/are known or  
(Name[s] of Person[s] Who Appeared)

proven to me, personally appeared before me this \_\_\_\_\_ day of \_\_\_\_\_,  
(Month and Year)

at \_\_\_\_\_, and signed this form.  
(City, State)

\_\_\_\_\_  
(Signature and Title of Certifying Officer)

(OFFICIAL STAMP OR SEAL)

\_\_\_\_\_  
(Name of Financial Institution)

**ACCEPTABLE CERTIFICATIONS:**

Financial Institution's Official Seal or Stamp  
(such as Corporate Seal, Signature Guaranteed  
Stamp, or Medallion Stamp). **Brokers must  
use a Medallion Stamp.**

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/ZIP Code)

\_\_\_\_\_  
(Telephone)

**INSTRUCTIONS**

**USE OF FORM –** Use this form to appoint and authorize an attorney-in-fact to conduct any and all authorized transactions regarding Treasury securities. These securities include, but are not necessarily limited to, Treasury bills, notes, bonds, and TIPS, and all series of United States Savings Bonds and Savings Notes. Authorized transactions include, but are not limited to, changes of payment information, collection of interest, redemptions, transfers, assignments, purchases by ACH (*PayDirect*®) or any other authorized payment method, reinvestments, and/or the completion of tax documents. (An attorney-in-fact may not reissue definitive savings bonds.)

**IMPORTANT NOTICES**

- This form gives the individual or organization you name as attorney-in-fact broad powers to handle your securities and/or securities for which you are acting on the owner's or entitled party's behalf as fiduciary. If you have questions about these powers, you should seek professional legal advice before signing this form.

- The attorney-in-fact is not permitted to transfer securities to an account in his or her own name unless the grantor marks Box C.
- Checking Box C in "**2. AUTHORITY**" will authorize the attorney-in-fact to make transfers of your Treasury securities without limitations.
- If the grantor is an organization, submit a resolution authorizing the appointment of an attorney-in-fact. FS Form 1010 (available at [www.treasurydirect.gov](http://www.treasurydirect.gov)) may be used for this purpose.
- If the grantor of the power of attorney is a trustee, provide the following excerpts of the trust instrument:
  - a copy of the page showing the name and date of the trust
  - a copy of the page showing the trustee's authority to appoint an agent or attorney-in-fact
  - a copy of the signature page
- Only original signatures will be accepted (stamped signatures are not acceptable).
- **This form will not be accepted with alterations or corrections.**

**COMPLETION OF FORM** – Print clearly in ink or type all information requested.

**ITEM 1. APPOINTMENT**

Insert your name as grantor. Provide the name of the individual or organization you appoint as attorney-in-fact.

**ITEM 2. AUTHORITY**

Carefully read the statement regarding the authority you are granting. As previously stated, if you have questions about the scope of the authority granted, you should seek professional legal advice before signing this form. Mark Box A to grant authority regarding your securities. Mark Box B to grant authority for securities belonging to any trust, probate estate, guardianship, conservatorship, custodianship, or other similar estate for which you are now, or may later be, appointed as fiduciary. Mark both Boxes A and B if you want to grant both individual and fiduciary authorities. **Additional evidence may be required to establish your appointment and qualification as a fiduciary.** Mark Box C to grant authority to make gifts without limitations to the attorney-in-fact and other individuals.

**ITEM 3. TERM AND DURABILITY**

This power of attorney is in effect until revoked and the authority granted will not be affected by the subsequent disability or incapacity of the grantor. It is the responsibility of the grantor or the attorney-in-fact to notify us of changes or revocations to this power of attorney. Changes or revocations must be in writing (notarized or certified) and sent to the Bureau of the Fiscal Service.

**ITEM 4. SIGNATURE**

You must sign the form in ink, print your name, and provide your home address, account number (for Legacy Treasury Direct, TreasuryDirect, or HH/H), Taxpayer Identification Number (Social Security Number or Employer Identification Number), and daytime telephone number. (You may provide your e-mail address if you wish.) Your signature must be certified (see "**CERTIFICATION**").

**CERTIFICATION** – You must appear before and establish identification to the satisfaction of an authorized certifying officer, and sign the form in the officer's presence. The certifying officer must fully complete the certification form provided and affix the seal or stamp that is used when certifying requests for payment. Authorized certifying officers are available at financial institutions, including credit unions, in the United States. For a complete list of such officers, see Department of the Treasury Circulars, Nos. 300 and 530, and Public Debt Series, Nos. 3-80 and 2-98.

**WHERE TO SEND** – Unless otherwise instructed in accompanying correspondence, send the completed form, **the securities (if appropriate)**, and any other necessary evidence to the appropriate address below:

- Series H or Series HH savings bonds – Treasury Retail Securities Site, PO Box 2186, Minneapolis, MN 55480-2186
- Definitive (paper) savings bonds – Treasury Retail Securities Site, PO Box 214, Minneapolis, MN 55480-0214
- Savings bonds and marketable securities, held in TreasuryDirect – Treasury Retail Securities Site, PO Box 7015, Minneapolis, MN 55480-7015
- Marketable securities held in Legacy Treasury Direct – Treasury Retail Securities Site, PO Box 9150, Minneapolis, MN 55480-9150
- Definitive (paper) marketable securities – Treasury Retail Securities Site, PO Box 9150, Minneapolis, MN 55480-9150

**NOTICE UNDER PRIVACY ACT AND PAPERWORK REDUCTION ACT**

The collection of the information you are requested to provide on this form is authorized by 31 U.S.C. CH. 31 relating to the public debt of the United States. The furnishing of a Social Security Number, if requested, is also required by Section 6109 of the Internal Revenue Code (26 U.S.C. 6109).

The purpose of requesting the information is to enable the Bureau of the Fiscal Service and its agents to issue securities, process transactions, make payments, identify owners and their accounts, and provide reports to the Internal Revenue Service. Furnishing the information is voluntary; however, without the information, the Fiscal Service may be unable to process transactions.

Information concerning securities holdings and transactions is considered confidential under Treasury regulations (31 CFR, Part 323) and the Privacy Act. This information may be disclosed to a law enforcement agency for investigation purposes; courts and counsel for litigation purposes; others entitled to distribution or payment; agents and contractors to administer the public debt; agencies or entities for debt collection or to obtain current addresses for payment; agencies through approved computer matches; Congressional offices in response to an inquiry by the individual to whom the record pertains; or as otherwise authorized by law or regulation.

We estimate it will take you about 10 minutes to complete this form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Fiscal Service, Forms Management Officer, Parkersburg, WV 26106-1328. **DO NOT SEND a completed form to this address; send to the appropriate address shown in "WHERE TO SEND" in the Instructions.**