

PRIVATE INFORMATION
NOT TO BE SHARED IN THE PUBLIC

TD ACCOUNTS

To get access to your TD accounts

Updated 7.28.17

INFORMATION ONLY – USE AT YOUR OWN RISK
STUDY AND READ | BE INFORMED

DECLARATION OF STATUS

Declaration of reclassification

Where you stand with the law system

POWER OF ATTORNEY IN FACT

CERTIFICATE OF AUTHORITY

AFFIDAVIT OF COPYRIGHT

FOUNDATIONAL
PAPERWORK

File in county probate

Separates you from their system

telling them the true designation of
the paperwork – there is an issues –
what jurisdiction -

Certificate of identity – UST

Certificate of identity – DOJ

QUIET TITLE – PULLS OUT OF THE
PUBLIC – I AM NOT A BUSINESS –
YOU TAKING MY ID IS ILLEGIBLE

DECLARATION OF STATUS

SAMPLE

DECLARATION OF STATUS OF **FIRST MIDDLE LAST**

Original document

Restoration of Former Status

From Being a Public "United States" citizen;
a Federally-owned "U.S. citizen" as of March 9, 1933; and
a Taxpayer/Bondman put to Tribute as of September 8, 1936.

To Becoming Once Again

**A PRIVATE CITIZEN OF THE UNITED STATES OF AMERICA:
an "American National"**

Under Section I of the 14th Amendment:
Constitution of the United States of America

First Middle of Last: American National

Private Citizen of the United States

3 Linnell Circle

County of YourCounty

Brunswick, YourState

Zip Code Excepted [04011-7533]

Phone: 207-798-4695

+++++

Declaration of Status of First Middle Last:

**Pre 1933 Private American National Citizen of the United States of America, and
Declaration of Mistake**

Maxims: "Equity regards as done that which ought to have been done."

Equity will not aid a volunteer

Equity will not complete an imperfect gift

Equity will not suffer a wrong to be without a remedy

Equity will not permit a statute to be used as an instrument of fraud

An un rebutted Declaration point by point stands as Truth

Coming in peace, and granting peace to all men,

Accordingly, I, **First Middle Last**, affiant formally known as **First Middle Last** in some cases, in esse and sui juris, by good reason and good conscience, hereby make oath, depose and declare that the following facts are true, correct and complete to the best of my knowledge and belief.

I, **First Middle Last**, do solemnly declare and affirm the following historical facts and distinctions with regard to the status of de jure **Private American National citizenship** (said original federal citizenship, secured by Article IV, Section 2 of the Constitution of the United States, having been broadened into national citizenship by Section 1 of the 14th Amendment to the Constitution of the United States of America) and on the other hand, a State-created, statutory, de facto Public **"U.S. Citizenship"**, as a **basis enabling a correction of mistake by this Declaration**. This de facto Public U.S. citizenship, being in substance likened to a privileged Roman citizenship, would enable the constitutionally de jure civilian government of the United States (having been constitutionally altered from being a de jure "Federal" government to a de jure "National" government by the 14th Amendment, 1868) to be replaced with a Congressionally-created, statutory, de facto Emergency War Powers military government of the United States on March 9, 1933. This current de facto government in many ways has in fact replaced the constitutional, de jure jurisdiction of the United States, the "United States" being the collective name of the states which are united by and under the constitution, " (Hooven & Allison Co. v. Evatt, 324 U.S. 652, 672), replacing it with a de facto jurisdiction of the United States", (Hooven & Allison Co. v. Evatt, supra, 671).

This in effect then, leaves only exclusive/American Equity Jurisdiction operable for remedies required by the Private American National Citizen, the posterity of the People that created these United States.

Further, that unilateral contract was the application for birth certificate/ public filing of a "Certificate of Live Birth". The American application for birth certificate "Certificate of Live Birth" —by operation of law—would be the contract to alter de jure Private American National Citizenship to de facto Public "U.S. Citizenship". With this presumption of fact of an existing contract held by every individual Public "U.S. Citizen" (holding its Private American National Citizen of the United States of America as Property and Surety), every court legally sits in a martial, concurrent jurisdiction (in which the forms of Law and Equity have been merged) enforcing the statutes of an Emergency War Powers Congress. This de facto status enables and obligates all federal and state courts to sit in this state of emergency, subverting the Common Law jurisdiction of the United States (as per Section I of the 13th Amendment, and Section I of the 14th Amendment) by rendering ineffective, the constitutional status of de jure private American National Citizens of the United States of America (Section 1 of the 14th Amendment).

As of March 6, 1933, all Public "U.S. citizens"—with their Surety/Property, Private American National Citizens— were seized as booty of war by President Franklin Roosevelt's martial, Emergency War Powers Proclamation 2039 which practically overthrew the Sovereignty of the People of the United States of America, reducing them to being mere property of a de facto military government sitting in Washington, D.C., to be treated as "rebels and

belligerents” living in the fifty states deemed by the Conqueror/Commander-in-Chief to be merely “occupied territories”, the seized state governors ruling their de facto military governments in subordination to Washington DC.

Therefore, finding this situation of statutory-altered, Private American National Citizenship status intolerable, unconscionable, and at variance and in conflict with the originally established courts of Common Law as well as the courts or exclusive/inherent Equity/Chancery governed solely by the Maxims of Equity, I, **First Middle of Last**, do make oath, solemnly declare and affirm:

1. **WHEREAS**, the FRANCHISE, CORPORATE SOLE, Cesti Que Trust, via the “application for birth certificate and/or the BIRTH CERTIFICATE” (hereinafter BIRTH CERTIFICATE) being in fact a unilateral contract under seal, was created and offered legally through deceit, in effect, alters, within the current, government, the status of “We the People”, which includes every individual Private American National Citizen; first of our sovereignty as a People, then of our constitutionally-created status, and ultimately our lives, fortunes and our sacred honor;
2. **WHEREAS**, the true purpose of the BIRTH CERTIFICATE, a unilateral contract under seal, is to be a covert commercial agreement and unconscionable by “We the People”, adhesion contract/quasi-contract between the state of the baby’s natural birth and the mother of the baby, the baby then deemed property of the Federal, de facto military government of the United States (the BIRTH CERTIFICATES being recorded by the Department of Commerce then to serve as collateral securities for the unquestionable public debt as per Section 4 of the 14th Amendment);
3. **WHEREAS**, the true nature of the DATE OF FILING on the BIRTH CERTIFICATE, a unilateral contract under seal, is to commence the legal birth of the quasi-corporate, artificial person/Public “U.S. citizen” created by all necessary legal elements of a unilateral contract (it being in writing, signed, sealed and delivered for registration and filed with a public office of the baby’s state of live birth);
4. **WHEREAS**, the true nature of the DATE OF BIRTH of the baby named on the BIRTH CERTIFICATE is to commit the natural person/Private American Natural Citizen as Surety, for, and personal property, of the state-created, artificial person/Public “U.S. citizen”, both entities being legally wedded into one legal entity, the hybrid, federally-owned, Public “U.S. citizen”,
5. **WHEREAS**, the BIRTH CERTIFICATE is a BUSINESS INSTRUMENT recorded with the County Recorder, a subsidiary of the Secretary of State (of the several states treated as “conquered territories”), also sent to the Bureau of Census, a division of the Department of Commerce in Washington, D.C., placing the NAME of the Public “U.S. citizen” into interstate and foreign world commerce as a statutory, legal, “person” (as corporations, partnerships, trusts, corporate soles, etc.), distinct and separate from the “natural born citizen”, i.e. the Private American National Citizen;
6. **WHEREAS**, the Secretary of State (of the several states) charters corporations and issues franchises, therefore, any natural born citizen/Private American National Citizen with a BIRTH CERTIFICATE is liable to the Franchise Board of the State’s Department of Revenue for income/excise/privilege taxes, as well as being liable to the Internal Revenue Service collecting the internal revenue for the “Federal Corporation” of the United States (28 USC 3002 (15)(A) via excise/income/privilege taxes in payment of the interest on the national debt (proven by President Ronald Reagan’s Grace commission) which interest is owed to the Roman papacy’s Federal Reserve Bank;
7. **WHEREAS**, this BIRTH CERTIFICATE, functioning as a BUSINESS INSTRUMENT, has deceived the Private American National Citizen, **First Middle of Last**, allegedly named on said certificate, into an unknown and covert implied contract by operation of law, and had placed Affiant and fellow Private American National Citizens under an alien, foreign, and yet “temporary”, de facto military jurisdiction of the United States created at first by the ‘Emergency Banking Relief Act’, in its initial paragraphs containing a congressionally-amended WWI statute known as “Trading with the Enemy Act” and codified as 12 USC 95(a), and secondly by then President Franklin D. Roosevelt’s Emergency War Powers Proclamation 2040 decreed on March 9, 1933;
8. **WHEREAS**, the above de facto jurisdiction of the United States includes the jurisdiction of the constitutionally-created, federal and state civilian courts (IN FORM) sitting in a martial Roman Equity/At Law (IN SUBSTANCE), they are no longer proceeding against the accused Private American National Citizen with the Mode of a Common Law civilian due process, but rather with the Mode of a Roman Civil Law martial due process that, if unchallenged by producing state-filed public records and other prima fascia evidence, will confer a martial jurisdiction over the accused, being then forced to plead in a court imposing martial due process and procedure derived from a congressionally-amended World War I statute as of March 9, 1933, the judges, federal and state, acting on behalf of the de facto military dictator/Commander-in-chief sitting in Washington D.C.;
9. **WHEREAS**, upon the public filing of the BIRTH CERTIFICATE with its attached Private American Citizen serving as Surety and personal property, another “source” was created that would generate “income” which could then be income/excise/privileged taxed; the natural person /baby/Private American National Citizen now wedded to his new artificial person / “U.S. Citizen” as its property and subordinate Surety, the new “source” (deemed a “rebel” and “belligerent” residing according to state statute in a state deemed an “occupied territory”) being in commerce and subject to the absolute legislative powers of the “temporary” Emergency War Powers Congress (1933-present) to regulate without limited interstate and foreign commerce pursuant to Article 1, Section 8, Clause 3, of the “United States Constitution” during this time of a “temporary” declared state of National Emergency now 2016 in its eighty-third year;
10. **WHEREAS**, Affiant, a Private American National Citizen, has presently ceased to be Surety for the personal property of the Public “U.S. citizen” **FIRST MIDDLE LAST** by means of a duly filed “**Release With Consideration**”—Nunc Pro Tunc Ab Initio”, and “**Rescission of Signatures of Suretyship**—Nunc Pro Tunc Ab Initio”, thereby

returning to the former status of being a Private American National Citizen held for less than twenty (20) days after Affiant's natural birth;

11. **WHEREAS**, Affiant in esse, has irrevocably separated himself from the state-created FRANCHISE, CORPORATE SOLE, "United States Citizen", created by means of a publicly filed BIRTH CERTIFICATE, hereby revokes all powers, including but not limited to, Powers of Attorney and/or Agency that Affiant may have granted to any third party, public and/or private. Therefore, Affiant does not consent and is not a party to FDR's contract with all "U.S. citizens" by means of Proclamation 2040 confirmed and approved by Congress in its passage of the "**Emergency Banking Relief Act**" and then thereby amending the "**Trading With the Enemy Act**". Therefore, Affiant is not in commerce (as are corporations), never to enjoy any commercial privilege of limited liability as a matter of "United States citizenship" status (as do corporations being Public U.S. citizens), having discharged all de facto Emergency War Power Military Governments, federal and state, from any duty or obligation arisen from Affiant being the Property/Surety for and/or wedded to the state-created hybrid, the federally owned Public "U.S. citizen" in service of Washington D.C., for commerce and war;

12. **WHEREAS**, I, **First Middle of Last**, have returned to my former status of being an American Freeman and an American National in Equity, i.e. de jure Private National Citizen of the United States under Section 1 of the 14th Amendment and therefore stand "in personam", "in esse", and "sui juris", possessing all God-given unalienable rights including those protected by the first eight amendments of the Bill of Rights, all Constitutional rights (federal and state) and all common Law rights of a de jure Private Citizen of the United States / American National, no longer under the legal disability of being the Property/Surety for and/or wedded to a de facto, state-created, Public "U.S. citizen" owned by the Federal de facto Military Government of the United States;

13. **WHEREAS**, I, **First Middle of Last**, am no longer the Property/Surety for and/or wedded to a de facto Public U.S. citizen" (which is "alien juris"), therefore, no longer under the de facto jurisdictional power of statutorily-created, de facto Emergency War Powers Governments (federal and state) as those absolute legislative, absolute executive, and absolute judicial powers are exercised towards a de facto Public "U.S. citizen" deemed a "rebel and belligerent" statutorily "residing" in a state deemed "occupied territory", and therefore no longer under the paternal guardianship of de facto Emergency War Powers Governments (federal and state) as those absolute, paternal powers are exercised towards its "infants, children and wards", and the de facto Public U.S. citizens";

14. And so **First Middle of Last**, aka **First Middle Last**, hereby present my renunciation, as to any implied allegiance to the de facto "United States".

THEREFORE, based upon the foregoing, I, **First Middle of Last**, in esse and sui juris, do make oath, solemnly declare and affirm the following positive averments:

1. I am one of the **Posterity of "We the People"** by whom and for whom the Constitution was originally ordained and established according to its Preamble, holding de jure Private American National Citizenship conferred upon my natural birth by section I of the 14th Amendment to the Constitution for the United States.
2. My Proper name at Common Law is "**First Middle**", my surname/family name is "**Last**", I am also known by the name **First Middle Last**.
3. My Proper name "**First Middle of Last**" is spelled in both upper and lower case letters, without capitonyms (without using all capital-lettered name), in accordance with proper rules of English grammar.
4. I was naturally born on September the Eighth (8th), the year of our Lord Nineteen Hundred and thirty-six (1936) and was called First Middle Last for many years. My natural and legal parents were **Arnold Middle Last and Shirley Getchell Last, who unknowingly and by mistake subjected myself, as a newborn baby, to this Emergency war Powers Government; to be unconscionably and mistakenly on public record.**
5. I was naturally born in the city of Portland, on the land of the County of **YourCounty**, within the geographical jurisdiction of the **YourState** State, one of the several States of the Union.
6. In the day of my natural birth I became a de jure **Private American National Citizen** of the geographical United States of America (composing the fifty states) pursuant to Section I of the 14th Amendment to the Constitution of the United States of America.
7. In the day of my natural birth I became a de jure **PRIVATE AMERICAN NATIONAL CITIZEN/ PRIVATE RESIDENT** of the geographical **YourState** State pursuant to Section I of the 14th Amendment to the Constitution of the United States of America.
8. On the day my "Certificate of Live Birth" was filed with the "State of **YourState**", by operation of law I became the Property/Surety and/or and wedded to "First Middle Last", a state-created, **YourState** "corporate sole" and statutory **Public "U.S. citizen"** of the de facto "Emergency war Powers Military Government of the "United States", it governing the states as "conquered territories" and its state-created "U.S. citizens" as a conquered people.
9. **Said Property** has been returned to the natural owner, said Suretyship has been terminated, the marriage has ended and my former status of **Private American National** Citizen of the United States of America has been restored, pursuant to the maxims of the Law of Contract, The American Common Law, Equity Maxims, Equity Jurisprudence and the Uniform Commercial Code, by means of a duly filed and publicly recorded "**Release Without Consideration—Nunc Pro Tunc Ab Initio**".
10. If a de jure **Private American National Citizenship** of the Republic is "paramount and dominant", my de jure **Private Citizenship** of the Republic of **YourState** is "subordinate and derivative" of said Private National Citizenship of the United States. Selective Draft Law Cases; 245 U.S. 366, 389 (1918). Private Citizens of the United States were called "**American Freeman**" by pre-14th Amendment presidents George Washington, Andrew Jackson, Zachary Taylor and Abraham Lincoln, as well as by post 14th Amendment Supreme Court

Justice John Marshall Harlan evidenced by his dissent [in U.S. Maxwell v Dow, 176 U.S. 581, 607, 617 (1900) and Downes v. Bidwell, 182 U.S. 2444, 381 (1901)].

11. I, now **Specially and Privately Reside** without the military jurisdiction of the “United States” as defined by the “Trading With the Enemy Act”, and therefore **Privately Reside** within a non-military occupied private estate within the territorial jurisdiction of the geographical Republic of **YourState**, which I sometimes refer to as The **YourState** Republic Free State. Therefore I am a **Special and Private Resident holding Private Citizenship** of the Republic of **YourState** pursuant to Section 1 of the 14th Amendment.
12. **My flags** are the civilian flag of the Republic of the United States of America (4 USC 1) and the civilian flag of the Republic of **YourState**. Neither civilian flag, representing its nation under a republican form of government, displays gold fringe and/or gold cords with gold tassels’ as do military colors displayed by the Commander-in-chief of the de facto Military Government of both the United States of America and the Republic of **YourState**.
13. **My law** is the Twenty Maxims of English/American Equity.
14. **My seal** is private to my family.
15. Being a non-statutory, constitutionally-protected **Private American National Citizen** of the Republic of the United States of America and a non-statutory, constitutionally-protected **Private Citizen/Special and Private Resident** of the Republic of YourState and therefore no longer the Property/Surety for and/or wedded to the **YourState** “corporate sole” / “Public U.S. citizen” “**FIRST MIDDLE LAST**” I am not in commerce as a matter of personal status, as are statutory, state-created, **Surety-backed Public “U.S. citizens”** of the United States, and therefore the sentient, living person “First Middle Last”, without a Surety and Personal Property, is a “**Non-Taxpayer**” described in Economy Plumbing & Heating vs. United States, 470 F. 2d, 585 at 589 (1972).
16. I have rescinded every **Signature of Suretyship—Nunc Pro Tunc Ab Initio**—ever executed on behalf of the corporate sole / “U.S. citizen” “**FIRST MIDDLE LAST**” (including and derivative of the NAME thereof) be it public and/or private, by means of a duly filed ‘**Rescission of Signatures of Suretyship—Nunc Pro Tunc Ab Initio**’.
17. The legal Title holder(s) and the Equitable Title holder of all legal property of the Private Business Trust “**FIRST MIDDLE LAST**” are private in nature evidenced by a “Notice of Private Trust Arrangement” filed in the public record.
18. I am the agent for the Private Business Trust “FIRST MIDDLE LAST” in the acquisition of its legal property by nature evidenced by a “**Notice of Private Trust Agreement**” filed in the public record.
19. **The Private Business Trust “FIRST MIDDLE LAST”** is in U.S. domestic and world commerce, all products being equitable property by nature of a special and private Sole Beneficiary holding the status of a Private Citizen of the United States, secured by Section 1 of the 14th Amendment to the Constitution of the United States of America. Therefore the Private Business Trust “**FIRST MIDDLE LAST**”, “has no income”, and therefore the trust is a Non-taxpayer legal entity.

Further, I, **First Middle of Last** in esse and sui juris, makes oath, do solemnly declare and affirm the following negative averments:

1. I am **not alien** juris, holding the status of being the **Property/Surety** for and/or wedded to an artificial, de facto, hybrid Public “U.S. citizen created by state statute in the state of my natural birth for the benefit of the de facto Emergency War Powers Military Government created on March 9, 1933; hence I am neither an infant or a child nor a rebel or a belligerent under the power of a paternal and martial Emergency War Powers Military Government, federal or state.
2. My Proper name is not “**FIRST MIDDLE LAST**”, “**FIRST E. LAST**”, **First E. Last**”, or any other form or derivative thereof; of this **nom de guerre/name of war** carried by all “**U.S. citizens**”, which is principal in distinguishing the difference between all of the uppercase names and mixed case names, which has been affirmed by a federal court of record.
3. My Proper name is not spelled in solely upper case letters or with any abbreviations, which is principal in distinguishing the difference between the all-uppercase name and the mixed case name which has been affirmed by a federal court of record.
4. I am not “**FIRST MIDDLE LAST**”, “**FIRST E. LAST**”, or “**First E. Last**”, or any derivative thereof; which is principal in distinguishing the difference between the all-uppercase names and the mixed case names that has been affirmed by a federal court of record.
5. I am neither the **Property/Surety** for, nor wedded to the artificial entity “**FIRST MIDDLE LAST**”, “**FIRST E. LAST**”, “**First E. Last**” or any other derivative of this nom de guerre/name or war carried by all “U.S. citizens”, said **NAME** being the legal property by characteristic of the de facto Military Government of the United States of America.
6. I am neither a statutory, state-created **Public “United States citizen”**, (artificial person) of the sovereign, de facto Military Government of the United States nor am I **Surety** for and/or personal property of and/or wedded to a statutory, state-created **Public “United States citizen”** (artificial person) of the sovereign, de facto Military Government of the United States as a matter of **Status** and/or a matter of **public and/or private contract**. Therefore, I am not a state-created, federally owned, statutory **Public, “United States citizen”** (artificial person/“U.S. citizen”) of the sovereign, de facto Military Government of the United States for income/excise/privilege tax purposes.
7. **My flags**, national and state, are not military colors bordered with gold fringe and/or draped with gold cords with gold tassels.
8. I am **not a rebel, belligerent or enemy** publicly residing within a **conquered territory** of the “United States” (the territory over which the sovereignty of the United States exists”, Hooven, supra p 671), its sovereign, de

POA

POWER OF ATTORNEY IN FACT

&

HOLD HARMLESS / INDEMNITY IDENTITY'S

KNOW ALL MEN AND WOMEN BY THESE PRESENTS:

JOHN ADAM DOE, herein reference to as PRINCIPAL, in the County of _____, of sound mind, appoints the living man known as **John-Adam: Doe**; a peaceful, non-belligerent, and non-combatant party, as his true and lawful ATTORNEY IN FACT.

Any and all powers of ATTORNEY IN FACT - NON-ADVERSE, NON-BELLIGERENT, NON-COMBATANT PARTY does supercede any and all former Power of Attorney powers, and furthermore current Powers cures all previous signatures given by principal. In the principal's name, and for the principal's use and benefit, said ATTORNEY IN FACT *has full and complete authorization for the facilitation by the conveyance through any communications in translation for assimilation in account science correction techniques in all facets of interstate, intrastate, domestic, and foreign commerce relations with full protection of Safe Harbour and Sinking Funds Provisions for all accounts, proceeds, products, fixtures, and services such as:*

- 1) Sell, exchange, buy, invest, *and / or* reinvest any assets *and / or* property *whether by possession and / or ownership*, which may have income production or non-income production assets and property.
- 2) Open, maintain, *and / or* close bank accounts: *with express provisions for; demand deposit (checks, custodial) accounts, term deposit (savings) accounts, and certificates of deposit, brokerage accounts, and other similar accounts with depository and repository and financial institutions.*
 - a. Conduct any business with any *depository institution, any repository institution, and all financial institution service providers in particular; all issue agents, all transfer agents, and all payout agents* with respect to any of principal's accounts. *With express provisions for creation of deposits and withdrawals, acquisition and procurement for all bank statements, passbooks, drafts, money orders, warrants, certificates, stocks, shares, bonds, mortgages, encumbrances, liens, financial obligations, promissory notes, bills of exchange, assigns, hardship claims, abandonment claims, salvage claims, quitclaims, and vouchers; either assignable to, assignable to the order of, payable to, pay to, pay to the order of, or payable to the order of, for the principal by any legal person, body corporate, body politic, body ecclesiastical, and any corporation sole..*
 - b. Perform any act necessary to deposit, negotiate, sell, transfer, *or exchange* any *legal and / or lawful obligation in the style of a note, security, bond, stock, share*, of the Treasury of the United States of America, *and all Treasuries of every United Nations Member States and all Foreign Governments and their political subdivisions.*
 - c. Have access to any safe deposit box *whether in possession and / or by ownership with the express provision for the contents.*
- 3) Take any and all legal/*lawful* steps necessary to collect any amount or debt due and/*or* past due, and/*or* to settle any claim, whether made against or *from affirmation* on behalf of principal against any other person or entity.
- 4) Exercise all stock rights as proxy, *with these express provisions for* all rights, *privileges, and powers* with respect to stocks, bonds, debentures, *and / or* other investments.
- 5) Maintain and/*or* operate any business, personal property, and *ownership* interests of, with, for, and by principal.
- 6) Purchase and/*or* maintain insurance, *re-insurance*, and/*or* bond rights herein.
- 7) Enter into *legal and lawful bound* contracts on behalf of principal.
- 8) Employ professional and business assistance as may be appropriate.
- 9) Sell, convey, lease, mortgage, manage, insure, improve, repair, or perform any other act with respect to any of principal's property *whether as current ownership, possession holder, and/*or* as potential acquisition and procurements of ownership and/*or* possession placement, with the express provision for* real estate, real estate rights, *privileges, powers, without limit to* the right to remove tenants and/*or* to recover possession and settlement. *This express provision without limit is also for* the right to sell and/*or* to encumber any current homestead *possession and/*or* ownership and / or potential possession and / or ownership.*
- 10) Transfer any of principal's assets to the trustee of any *style of c'est qui trust and / or foreign situs trust; whether it be deed of trust, express trust, irrevocable trust, revocable*

trust, and/or any other legal and/or lawful creation by principal, whether or not said such trust is in existence at the time of such transfer.

11) Prepare, sign, and file documents with any governmental body or agency, with the express provision without limit as authorization to implement account science of units of exchange and units of account for all depository and repository events:

a. Prepare, sign and file income and other tax returns with federal, state, local, and other governmental bodies.

b. Obtain information and / or documents from any government and / or its agencies; and negotiate, compromise, and/

or settle any matter with such government and / or agency for any/all lawful tax matters.

c. Prepare applications, provide information, and perform any other act which is a reasonable request by any government and / or its agencies whom have either a sworn oath, sworn affirmation, sworn affidavit of appointment, and public bond, lawful insurance provider, and lawful re-insurance provider in connection with governmental benefits with the express provision for military benefits, social security benefits, health benefits.

12) Make gifts from assets to members of family and to such other persons and / or charitable organizations with whom principal does establish a pattern to provide gifts.

The Principal hereby appoints **John-Adam: Doe**, the living man, a peaceful, non-belligerent, and non-combatant party; of _____ City here _____, Country of _____ as substitute Authorization Representative and for the sole purpose to provide gifts of property to said ATTORNEY IN FACT, as the event does deem to be appropriate.

(13) Disclaim any interest that might otherwise be a transfer or distribution to principal from any other person, estate, trust, and / or other entity, as may be appropriate.

Said ATTORNEY IN FACT-in-fact shall not be liable for any loss that results from a judgment error that was made in good faith. Wherein, said ATTORNEY IN FACT is given grant for a HOLD HARMLESS and FULL INDEMNITY stance in law, in good faith performance of duty as active action through the authority of this Power of ATTORNEY IN FACT.

Principal authorizes said ATTORNEY IN FACT to further indemnify and hold harmless any third party who accepts and acts under good faith to uphold this document.

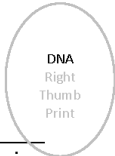
Herein given through gift and by grant to said ATTORNEY IN FACT full power and authority to do all and every act and thing whatsoever requisite and necessary to be done relative to any of the current events and their continuation as fully to all intents and purposes as principal might or could do if personally present.

All that said ATTORNEY IN FACT PEACEFUL, NON-ADVERSE, NON-BELLIGERENT, NON-COMBATANT PARTY shall lawfully do or cause to be done under the authority of this power of ATTORNEY IN FACT is express emergency approval. ALL VALID BY THE PRESCRIPTION OF THE LAW OF NECESSITY AND THE DOCTRINES OF UNCONSCIONABILITY AND LA MORT SAISIT LE VIF IN ACCORDANCE WITH APPLICABLE LAWS, CARDINAL ORDERS, ORDINAL ORDERS, AND COMMERCIAL STANDARD; PROVIDES FOR FULL ABSOLUTION THROUGH REDEMPTION.

JOHN ADAM DOE

Executed this July 28, 2017

By: _____
©John-Adam: Doe - Living Man; Jus Soli; Sui Juris
Power of Attorney-In-Fact; Master Account Holder;
Principal Secured Party; Holder-In-Due-Course for
Title, Lien, and Bond of the private property held in
©JOHN ADAM DOE TRUST™



NOTICE

Using a notary on this document does not constitute any adhesion, grant jurisdiction, nor does it in any manner alter any legal status of any of the parties hereto. The purpose of a notary is verification and identification only and not for entrance into any foreign jurisdiction.

Dated: this _____ day of _____, in the year of 20__ A.D.

_____ County, _____ republic State

BEFORE ME, the undersigned authority, on this _____ day of _____, 20__,

and personal appearance _____ to me known to

be the person whose description is found here in and who does autograph and acknowledges to

me that he does execute the same freely and voluntarily for the uses and purposes therein

expressed.

WITNESS my hand and official seal the date aforesaid.

notary public

(seal)

CERTIFICATE OF AUTHORITY

CERTIFICATE OF AUTHORITY

Request for private banker's license with regards to SSN estate

First Of the family Last

Date of Nativity YYYY-MM-DD

Domicil Non Domestic Private Post

c/o 1234 street, on City, State Republic,

on County of YourCounty

Non-domestic without the 14th Amendment

Estate Trust

FIRST MIDDLE LAST

Reg. Date July 28, 2017

File# _____

DECREE ORDERS BY TESTIMONY

These involuntary Pledge/Lease FIRST MIDDLE LAST belonging to the private named woman and or child, were fraudulently and involuntarily pledged into the (military) 'civil service' and are subject to and under the trading with the enemy hence public domain, for continuance of 'avatar public business' on behalf of the United States.

Its indisputable that these ALL CAP names avatars are 'private property leased' from the 'original depository, the living woman or child' with regards to the following statement (the unknowingly (Head Count) civilian in a martial law system 1861-2017).

Your Constitutional office is hereby ordered by decree on behalf of these estate interests, that the US Treasury shall rescinded and withdraw from unsecured public civil service and the public domain (to be ordered, privately sealed), therefore, the administrative agencies of the UNITED STATES shall make the return all of the rights, titles and interest and royalties, custodial, warehoused and kept thru the involuntary lease (excise duty and obligation) agreement.

A full payment for involuntary usufructories, shall be paid back to the private estate source, hence the lender of the name and assets (upper and lower case name here).

The UNITED STATES TREASURY shall immediately approve and license the principal account holder as exclusive authority... First Middle Last, on behalf of the civilly deceased entities FIRST MIDDLE LAST and shall be acknowledged as acting in the capacities of 'private banker source'(creditor) ESTATE-EIN aka 'a national banking association' for use by the Original Depository identified on this Certificate of Authority,

You are hereby ordered to vacate the blocks status, and return the controls of these as-set-accounts and make the 100% financial adjustments as to only authorize party and license of the newly create estate, the 'principal account holder'.

You are ordered by decree to discharge and pay all debt public and private related to these accounts, and return the accounts back into balance of zero daily.

You are to provide ledgering of all financial transactions as to support the Attorney of fact and records by sending a ledger once a month as to the accuracy of the accounts.

The UNITED STATES TREASURY shall administrate the above Estate Trust assets held in special trust on behalf of the fee simple owner, in its original jurisdiction, standing without the fatal flaws of the 14th Amendment.

All other third parties are ordered to stand down and are prohibited from any further uses of these accounts without expressed written consent by the principal account holder First Middle Last hence lawful contract laws.

I First Middle Last have caused this action, decree orders, directives, instructions and claim for and on behalf of the civilly dead avatar FIRST MIDDLE LAST and I am hereby am acting as power of attorney 'estate representative', to have a voice and to represent lawful payments, privately and publicly as to its original intent by congress thru the HJR 192, Public law 7310, Stats at large 10 volume 48 pages `1 -112 to pay all debts publicly and privately under the full faith and credit of this nation.

I hereby certify that I am the exclusive principal heir, the only first in line party of interest, which has a absolute full and complete 100% equitable claim of authority, on all assets therein.

The foreign duty and excise tax is hereby authorized to be paid during these administrative processes (a reversion) as to assist in the release of these accounts back to the original party of interests (a remainder), and thru the reorganization of NESARA of the United States (going gold back US notes), the terminations, dissolution of unsecured (debtor) status and classifications of these accounts merged into the estate as res. These accounts are hereby forbidden for usufructory use of third party intervenors. Providing no lawful contract is equal to commercial robbery without authority to do so.

From this point forward, the Office of FIRST MIDDLE LAST ESTATE ESTATE-EIN is to be acknowledged as to the permanent account holder with 100% decisions on release of asset, that all assets are to be merged and deposited into safekeeping for future use of the estate.

You are directed to open a sealed account on behalf of the estate, naming the POA herein numerated as the exclusive representative and registered agent contact.

FULL AND COMPLETE LEDGER OF ACCOUNTING MUST BE PRESENT BY THE US TREASURY of past transactions, for further adjudication on behalf of the leasers on the private name and estate purposes.

FIRST MIDDLE LAST, 'national banking association'

Activated Federal Reserve Account number xxxxxnnn with Routing numbers as follows:

- 1) Cashers Checks/Certified Checks BRANCH FRB ROUTING NO
- 2) E-Checks BRANCH FRB ROUTING NO
- 3) Fed-Wire BRANCH FRB ROUTING NO

The UNITED STATES shall immediately settle all presentments of debt using the sealed SSN account, therefore make the return of the interest/lease back to the Original Depository and issue the "Charge Card" for use by the Certificate holder to charge the account to facilitate the immediate discharge of debts as it arises and make a full account.

The UNITED STATES shall immediately deliver the delinquent rent, which has been held in abeyance in, in a currency of value.

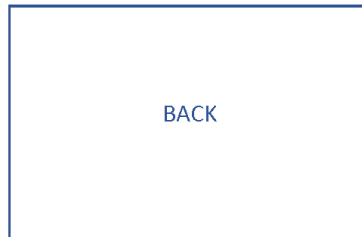
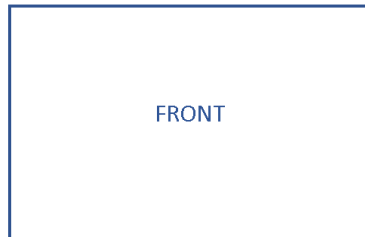
Registration of Intent

The request for issue of a Certificate of Authority by the above referenced American Original Depository establishes the Original Depository's Intent To Withdraw Her Divine Estate from the Military Industrial Complex, discharge the debt in the settlement of the account and return to original jurisdiction.

It is clear that the above reference American Original Depository's intent is to overcome all of the assumptions of his status and re-establish them self as a living being, American Original Depository's return from being lost in a sea of illusion to redeem their Divine Estate and return to original jurisdiction.

Notice to principle is notice to agent, Notice to agent is notice to Principle. Evidence of the issue of this Certificate of Authority is maintained by First Middle Last for verification at any time.

A COPY OF SS CARD



AFFIDAVIT OF COPYRIGHT

FILE FOR RECORD - THIS IS AN INTERNATIONAL NOTICE

RETURN TO:

john-henry of the House of Doe - Without Prejudice

123 Main St.

YourCity, YourState

Non domestic

outside the UNITED STATES

Not in any federal zone, territory, possession, enclave, etc.,

and not subject to the jurisdiction of the United States, et al.

YourCounty County)
) ss:
State of YourState)
united states of America
original jurisdiction

NOTICE OF DECLARATION IN THE FORM
OF A COMMERCIAL AFFIDAVIT OF TRUTH

NOTICE OF COMMON LAW COPYRIGHT,
COPY CLAIM, TRADEMARK

This Declaration is made without prejudice:

Re: The legal fiction(s) known as JOHN HENRY DOE, any/all derivatives thereof.

I, john-henry of the House of Doe, the undersigned affiant, a living man upon the land of YourState, and not a corporation or legal fiction, etc., born upon the land in the republic of YourState on the day day of Month Year, declare that I am of majority and competent to state the matters set forth herein with first-hand knowledge of the facts and that they are true, correct, not misleading, and certain, admissible as evidence.

1. This plain statement of Fact being a matter that must be expressed to be resolved. In Commerce truth is sovereign. Truth is best expressed in law in the form of an affidavit. An uncontroverted affidavit stands as truth in commerce and becomes the judgment, can only be challenged by a rebuttal affidavit item for item signed under penalty of perjury, and can only be satisfied by payment, agreement, resolution, or by a trial by jury according to the common law of YourState.
2. I am presenting this affidavit for truth in commerce and as a Contract for Waiver of Tort.
3. The public record being the highest form of evidence, I am creating a public record by Declaration of said Copyright by recording with the YourCounty County Recorder of Deeds, the YourState commonwealth.
4. The person and name known as JOHN HENRY DOE, and any/all derivatives thereof being a legal fiction(s) without form or substance, and without any resemblance to any natural born living being, is entirely an intentional commercial Fiction created by the alleged de facto government officials and agents of the nul tiel COMMERCIAL CORPORATION(s) doing business as, but not limited to; the UNITED STATES, USA, US, GOVERNMENT OF WASHINGTON DC, DISTRICT OF COLUMBIA (including any agencies/persons claiming jurisdiction over any US territories, possessions, enclaves, etc.), et al, FEDERAL RESERVE SYSTEM, DEPARTMENT OF TREASURY, INTERNAL REVENUE SERVICE (IRS), BUREAU OF ALCOHOL, TOBACCO, AND FIREARMS (BATF), FEDERAL BUREAU OF INVESTIGATION (FBI), DEPARTMENT OF HOMELAND SECURITY, CENTRAL INTELLIGENCE AGENCY (CIA), NATIONAL SECURITY AGENCY (NSA), AMERICAN BANKING ASSOCIATION (ABA), AMERICAN BAR ASSOCIATION (ABA), STATE OF TEXAS, STATE OF FLORIDA, COMMONWEALTH OF PENNSYLVANIA, etc., with subdivisions being CORPORATE MUNICIPAL COUNTIES, BOROUGH, PARISHES, and CORPORATE MUNICIPAL CITY(IES). The FICTION is created for the purpose of disenfranchising the living man, john-henry of the House of Doe of his life, liberty, property and the pursuit for happiness for the unjust enrichment of said CORPORATE and GOVERNMENTAL FICTIONS.
5. A copyright, copy-claim and trademark is hereby placed on the name and FICTION known as JOHN HENRY DOE© and any/all derivatives thereof.

Any indentures, debentures, bonds, securities, judgments, warrants or any other kind of commercial paper issued or predicated on the name of the legal FICTION known as JOHN HENRY DOE©, shall become a Security Agreement between the issuing party and the affiant and shall make the issuer liable for damages and penalties as follows:

1. Any usage shall incur a debt of \$1,000.00 US in Silver Dollar Coin convertible at the legal and lawful ratio prescribed by law of 24:1 of Federal Reserve Notes to Silver Dollars per day per usage per signatory;
2. Failure to correct the unjust usage in a timely manner upon notice will result in the additional penalty of \$1,000.00 US in Silver Specie convertible at the legal and lawful ratio prescribed by law of 24:1 of Federal Reserve Notes to Silver Dollars per day; and,
3. Failure to render the appropriate funds in a timely manner will result in a Lien/Levy against the property of the person violating said copyright, as no controversy will exist.

Anyone placing the copyrighted, copy-claimed and trademarked JOHN HENRY DOE© or any derivations thereof on any document which is in any way associated with Me, the living soul, john-henry of the House of Doe, shall, by such document acting prima facie as evidence of violation, become liable for penalties payable in legal and lawful tender of:

- a. Ten (\$10.00) dollars US in Silver Dollar Coin convertible at the legal and lawful ratio prescribed by law of 24:1 of Federal Reserve Notes to Silver Dollars per day until Notice is delivered:
- b. One hundred (\$100.00) dollars US in Silver Dollar Coin convertible at the legal and lawful ratio prescribed by law of 24:1 of Federal Reserve Notes to Silver Dollars per day for each day AFTER Notice is received until the offending document is destroyed and a public retraction is made in the local newspaper in a double-wide column of not less than three (3") inches in length, if such notice is published within thirty (30) days of Notice;
- c. One thousand (\$1,000.00) dollars US in Silver Dollar Coin convertible at the legal and lawful ratio prescribed by law of 24:1 of Federal Reserve Notes to Silver Dollars per day for each day after Notice if such retraction is not published within thirty (30) days of said Notice; and,
- d. Notice will be based upon the records of the commercial business that affects delivery.

JOHN HENRY DOE© is the perfected proprietary security for the living soul john-henry of the House of Doe, under original common law for one hundred (100) years and is private property for the protection of My estate, life, liberty, and property.

Unauthorized possession or use of JOHN HENRY DOE© and any/all derivatives thereof may be a violation of State Code for Fraudulent Use or Possession of Identifying Information which is punishable by prison and fine.

Any use of JOHN HENRY DOE© and any/all derivative(s) thereof, with or without scienter, at the expense of any right, liberty, property, or any part of My estate, absent full disclosure and lacking written prior consent is strictly forbidden and chargeable to each of the users/issuers in the amount of the sum certain of one million (\$1,000,000.00) dollars of legal and Lawful Silver Dollar Coin of the United States, convertible at the legal and lawful ratio of 24:1 to Federal Reserve Note Dollars as prescribed by law and is not limited by any past, present, or future restriction for each instance of said unauthorized use.

Placement of JOHN HENRY DOE© on any document associated in any manner with My estate or Me, john-henry of the House of Doe, without My written prior consent is all of the evidence required for enforcement of this agreement/contract and is evidence that any and all users and issuers are in full agreement and have accepted this agreement/contract without controversy under the conditions and terms so stated and set forth herein.

I, john-henry of the House of Doe, am not an expert in the law, however, I do know right from wrong. If there is any living man that is being unjustly damaged by any statements herein, he/she will inform Me by facts in the form of a **signed and sworn Affidavit**. Therefore, I hereby and herein reserve the right to amend and make amendment to the attached Instrument as necessary in order that the truth may be ascertained, and proceedings justly determined. If any living soul has information that will controvert and overcome this signed and sworn Declaration in this commercial matter, you must advise Me of the facts in the form of a **signed and sworn Commercial Affidavit** within ten (10) days from recording hereof, proving with particularity by stating all requisite actual evidentiary fact and all requisite actual law, and not merely the ultimate facts of conclusions of law that this affidavit by Declaration is

substantially and materially false sufficiently to change materially My or the fictions status and factual declaration. Your silence stands as consent to, and tacit approval of, the factual declarations here being established as fact as a matter of law and this affidavit by Declaration will stand as final judgment in this matter; and for the sum certain herein stated and will be in full force and effect against all parties, due, payable and enforceable by law. The criminal penalties for commercial fraud is determined by jury and by law, the monetary value is set forth by Me for violation of My Private Property and for breach of the law, the contract, the Constitutions, in the amount of the sum certain stated herein of two million five hundred fifty thousand (\$ 2,550,000.00) dollars specie of Gold coin or lawful coinage of the united States as defined by Article I, Section 10 of the Constitution of We the People for the united States of America and will be due, payable on the eleventh day, and any day there after as use occurs after filing by Me, in the public records of the county of **YourCounty**, in the **YourState** Republican commonwealth.

Notice to the agent is notice to the principal. Notice to all agents of the State of **YourState** and all subdivisions thereof is made by the filing of this document with the **YourCounty** Notary, **YourState**.

Further affiant sayeth not!

ALL RIGHTS RESERVED,

FOR COPY-CLAIM OF **JOHN HENRY DOE©** and any/all derivatives thereof.

By **JOHN HENRY DOE**

Debtor, Grantor

ACCEPTANCE

By _____ *no dolus*

Honourable **john-henry** of the House of **Doe**, living soul, sui juris, Agent, a lawful **Man** and Attorney-in-Fact for **JOHN HENRY DOE©**, Secured Party, Trustee, Right living seal thumbprint In red ink. Pursuant to: at Lee County Florida, and "The Law of Land Warfare" file #549875, book 3681, pages 3945-3949 and book 3681, pages 3956-3958, 3963-3964, and 3869-3970. Also, applicable rule #74, 75, and 79 to knowingly communicate or correspond "without proper authority . . .", ET AL.

This document prepared by **john-henry** of the House of **Doe**

CERTIFICATE OF IDENTITY

2 FORMS DOJ & TREASURY



Privacy Act Statement. In accordance with 28 CFR Section 16.41(d) personal data sufficient to identify the individuals submitting requests by mail under the Privacy Act of 1974, 5 U.S.C. Section 552a, is required. The purpose of this solicitation is to ensure that the records of individuals who are the subject of U.S. Department of Justice systems of records are not wrongfully disclosed by the Department. Requests will not be processed if this information is not furnished. False information on this form may subject the requester to criminal penalties under 18 U.S.C. Section 1001 and/or 5 U.S.C. Section 552a(i)(3).

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Suggestions for reducing this burden may be submitted to the Office of Information and Regulatory Affairs, Office of Management and Budget, Public Use Reports Project (1103-0016), Washington, DC 20503.

Full Name of Requester ¹ _____

Citizenship Status ² _____ Social Security Number ³ _____

Current Address _____

Date of Birth _____ Place of Birth _____

OPTIONAL: Authorization to Release Information to Another Person

This form is also to be completed by a requester who is authorizing information relating to himself or herself to be released to another person.

Further, pursuant to 5 U.S.C. Section 552a(b), I authorize the U.S. Department of Justice to release any and all information relating to me to:

Print or Type Name

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and that I am the person named above, and I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. Section 1001 by a fine of not more than \$10,000 or by imprisonment of not more than five years or both, and that requesting or obtaining any record(s) under false pretenses is punishable under the provisions of 5 U.S.C. 552a(i)(3) by a fine of not more than \$5,000.

Signature ⁴ _____ Date _____

¹ Name of individual who is the subject of the record(s) sought.

² Individual submitting a request under the Privacy Act of 1974 must be either "a citizen of the United States or an alien lawfully admitted for permanent residence," pursuant to 5 U.S.C. Section 552a(a)(2). Requests will be processed as Freedom of Information Act requests pursuant to 5 U.S.C. Section 552, rather than Privacy Act requests, for individuals who are not United States citizens or aliens lawfully admitted for permanent residence.

³ Providing your social security number is voluntary. You are asked to provide your social security number only to facilitate the identification of records relating to you. Without your social security number, the Department may be unable to locate any or all records pertaining to you.

⁴ Signature of individual who is the subject of the record sought.

| | |
|--|----------------|
| For official use only: Customer Name _____ | Case No. _____ |
|--|----------------|

FS Form 0385 (Revised June 2016)

OMB No. 1530-0026

Certificate of Identity



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 under the laws of the United States. Print in ink or type all information.

Affidavit

- I certify that the names _____ and _____ refer to the same person, whose correct name is _____.
- The names are different because:
- The source of my knowledge is:
- Is there now or was there during _____ any other person known to you by either or any of these names? Yes No (Date or Period of Time) If Yes, please explain:

Signature – A person who is not named on the securities and who has no interest in the securities must sign this form in the presence of a certifying officer.

Sign Here:

_____ (Signature) _____ (Daytime Telephone Number)

_____ (Mailing Address) _____ (E-mail Address)

- Instructions to Certifying Officer:**
1. Name of 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 _____
(Name[s] of Person[s] Who Appeared)

known or proven to me, personally appeared before me this _____ day of _____
(Month/Year)

at _____ and signed this form.
City, State

 (Signature and Title of Certifying Officer)

(OFFICIAL STAMP
OR SEAL)

 (Name of Financial Institution)

 (Address)

 (City, State, ZIP Code)

 (Telephone)

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.

(Notary certification is NOT acceptable.)

PRIVATE BANKER

Private banker EIN

THE PRESENT AMERICAN INTERNAL REVENUE BANKING SYSTEM: VERY FEW WILL EVER UNDERSTAND AND FOLLOW IT.

In order to come out of the Foreign Banking system and operate in the present American Internal Revenue Banking system you need the following four **(4) Bank Routing Numbers, as "EIN persons"**:

Your Foreign Grantor Trust "EIN person" is over your American "Letters of Credit" granted to foreign trust with the authority to terminate and liquidate them at any time and with the authority to make your American Inheritance Treasury Withdrawals.

Your ESTATE "EIN person" is your Redemption Withdrawal Revenue Authority over your foreign granted SSN Mortmain UNITED STATES BANKRUPT TRUST account.

Your Individual Banker's "EIN person" for your Private American Bank's – Private Property and Tax Exempt Purchasing and Ownership authority.

Your 9 digit Post ZIP Code "EIN" is your American Postmaster Bank's Delivery and Processing Location Address.

The U.S. Secretary of State and the U.S. Secret Service work as agents directly for the U.S. President of the American National Bank and the State - Secretary of State works as an agent directly for the State Governor, the State's Bank President: so when these Agents are noticed then per the Expatriation Act; the Presidents of the Banks have also been noticed of the 14th Amendment - Banking Violation of Insurrection.

If your American National Banking demands are not timely honored, then you need to contact the American National Banking Inspector Generals; mainly the IRS "National Banking" Commissioner/Inspector General; for the national bank – to combat the foreign banking frauds and American identity thefts. Also the FBI.

Office of the Commissioner of Internal Revenue

1111 Constitution Avenue, NW,

Washington, DC 20224-0002

Fax: (202) 622-5756 old one (may have to check on latest Fax #)

Deputy IRS Commissioner International

CIVIL Office Holder for International Accounts

Internal Revenue Service

Philadelphia, PA 19255-0725

Fax: (267) 941-1055

Phone: (267) 941-1000

FOREIGN GRANTOR TRUST

EIN

Application for Employer Identification Number

Department of the Treasury
Internal Revenue Service

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

EIN

▶ See separate instructions for each line. ▶ Keep a copy for your records.

| | | | | | |
|--|---|---|----------------------------|-------------------------|---------------------|
| Type or print clearly. | 1 Legal name of entity (or individual) for whom the EIN is being requested LAST, FIRST MIDDLE | | | | |
| | 2 Trade name of business (if different from name on line 1) STRAWMAN | 3 Executor, administrator, trustee, "care of" name Spiritual Name | | | |
| | 4a Mailing address (room, apt., suite no. and street, or P.O. box) Care of: 22320 113th Place Southeast | 5a Street address (if different) (Do not enter a P.O. box.) Foreign Address | | | |
| | 4b City, state, and ZIP code (if foreign, see instructions) Kent, WA 98031 | 5b City, state, and ZIP code (if foreign, see instructions) Foreign Address | | | |
| | 6 County and state where principal business is located | | | | |
| | 7a Name of responsible party Spiritual Name | 7b SSN, ITIN, or EIN Upper Lower case name | | | |
| 8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 8b If 8a is "Yes," enter the number of LLC members ▶ | | | | |
| 8c If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |
| 9a Type of entity (check only one box). Caution. If 8a is "Yes," see the instructions for the correct box to check. | | | | | |
| <input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership _____ <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Upper Lower case name <input type="checkbox"/> Personal service corporation _____ <input type="checkbox"/> Church or church-controlled organization _____ <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input checked="" type="checkbox"/> Other (specify) ▶ foreign entity _____ | | | | | |
| <input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (TIN) _____ <input type="checkbox"/> Trust (TIN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) if any ▶ _____ | | | | | |
| 9b If a corporation, name the state or foreign country (if applicable) where incorporated | State | Foreign country Country | | | |
| 10 Reason for applying (check only one box) | | | | | |
| <input type="checkbox"/> Started new business (specify type) ▶ _____ <input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Created a pension plan (specify type) ▶ _____ <input checked="" type="checkbox"/> Other (specify) ▶ For W-8BEN Purposes Only | | | | | |
| 11 Date business started or acquired (month, day, year). See instructions. N/A | 12 Closing month of accounting year N/A | | | | |
| 13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14. | 14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. <input type="checkbox"/> | | | | |
| <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align:center;">Agricultural N/A</td> <td style="width:33%; text-align:center;">Household N/A</td> <td style="width:33%; text-align:center;">Other N/A</td> </tr> </table> | | | Agricultural N/A | Household N/A | Other N/A |
| Agricultural N/A | Household N/A | Other N/A | | | |
| 15 First date wages or annuities were paid (month, day, year). Note. If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ▶ N/A | | | | | |
| 16 Check one box that best describes the principal activity of your business. | | | | | |
| <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input type="checkbox"/> Other (specify) _____ | | | | | |
| 17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. N/A | | | | | |
| 18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," write previous EIN here ▶ _____ | | | | | |

| | | |
|---|---|---|
| Third Party Designee | Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form. | |
| | Designee's name | Designee's telephone number (include area code) () |
| | Address and ZIP code | Designee's fax number (include area code) () |
| Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. | | Applicant's telephone number (include area code) () |
| Name and title (type or print clearly) ▶ | | Applicant's fax number (include area code) () |
| Signature ▶ | | Date ▶ |

ESTATE EIN

Step 2: To take the SS person into a DEAD PERSON Estate so you can pickup the Assets and put into your private Living Trust

Form **SS-4**
 (Rev. January 2009)
 Department of the Treasury
 Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

OMB No. 1545-0003

EIN

▶ See separate instructions for each line. ▶ Keep a copy for your records.

| | | |
|---|---|--|
| Type or print clearly. | 1 Legal name of entity (or individual) for whom the EIN is being requested YOUR SSN NAME Estate | |
| | 2 Trade name of business (if different from name on line 1) | 3 Executor, administrator, trustee, "care of" name Your Living Name |
| | 4a Mailing address (room, apt., suite no. and street, or P.O. box) address | 5a Street address (if different) (Do not enter a P.O. box.) |
| | 4b City, state, and ZIP code (if foreign, see instructions) | 5b City, state, and ZIP code (if foreign, see instructions) |
| | 6 County and state where principal business is located America, State where born | |
| | 7a Name of principal officer, general partner, grantor, owner, or trustee Leave blank not needed | 7b SSN, ITIN, or EIN |
| 8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input type="checkbox"/> No | | 8b If 8a is "Yes," enter the number of LLC members ▶ |
| 8c If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 9a Type of entity (check only one box). Caution. If 8a is "Yes," see the instructions for the correct box to check. SSN for your DEAD SS PERSON | | |
| <input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership _____ <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Personal service corporation _____ <input type="checkbox"/> Church or church-controlled organization _____ <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____ | | |
| <input checked="" type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (TIN) _____ <input type="checkbox"/> Trust (TIN of grantor) _____ <input type="checkbox"/> National Guard _____ State/local government <input type="checkbox"/> Farmers' cooperative _____ Federal government/military <input type="checkbox"/> REMIC _____ Indian tribal governments/enterprises Group Exemption Number (GEN) if any ▶ _____ | | |
| 9b If a corporation, name the state or foreign country (if applicable) where incorporated | State _____ | Foreign country _____ |
| 10 Reason for applying (check only one box) | | |
| <input type="checkbox"/> Started new business (specify type) ▶ _____ <input type="checkbox"/> Hired employees (Check the box and see line 13.) _____ <input type="checkbox"/> Compliance with IRS withholding regulations _____ <input type="checkbox"/> Other (specify) ▶ _____ | | |
| <input checked="" type="checkbox"/> Banking purpose (specify purpose) ▶ asset exchange <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business _____ <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____ | | |
| 11 Date business started or acquired (month, day, year). See instructions. Date you declared your SS PERSON Dead | | 12 Closing month of accounting year |
| 13 Highest number of employees expected in the next 12 months (enter -0- if none). Agricultural _____ Household _____ Other _____ | | 14 Do you expect your employment tax liability to be \$1,000 or less in a full calendar year? <input type="checkbox"/> Yes <input type="checkbox"/> No (If you expect to pay \$4,000 or less in total wages in a full calendar year, you can mark "Yes.") |
| 15 First date wages or annuities were paid (month, day, year). Note. If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ▶ N/A | | |
| 16 Check one box that best describes the principal activity of your business. | | |
| <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input type="checkbox"/> Other (specify) _____ | | |
| 17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. | | |
| 18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," write previous EIN here ▶ _____ | | |
| Third Party Designee | Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form. | |
| | Designee's name | Designee's telephone number (include area code) () |
| | Address and ZIP code | Designee's fax number (include area code) () |
| Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. | | Applicant's telephone number (include area code) () |
| Name and title (type or print clearly) ▶ Your Living Name, Executor/Fiduciary | | Applicant's fax number (include area code) () |
| Signature ▶ _____ | Date ▶ _____ | |

BANKERS EIN

Application for Employer Identification Number

OMB No. 1545-0003

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

EIN

▶ See separate instructions for each line. ▶ Keep a copy for your records.

| | | |
|---|---|--|
| Type or print clearly. | 1 Legal name of entity (or individual) for whom the EIN is being requested Mr(s) First Last - Individual Banker / CEO | |
| | 2 Trade name of business (if different from name on line 1) | 3 Executor, administrator, trustee, "care of" name |
| | 4a Mailing address (room, apt., suite no. and street, or P.O. box) address | 5a Street address (if different) (Do not enter a P.O. box.) |
| | 4b City, state, and ZIP code (if foreign, see instructions) address | 5b City, state, and ZIP code (if foreign, see instructions) |
| | 6 County and state where principal business is located county, state | |
| | 7a Name of responsible party FIRST LAST (Trustor) | 7b SSN, ITIN, or EIN XXX XX XXXX |
| 8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 8b If 8a is "Yes," enter the number of LLC members ▶ |
| 8c If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| 9a Type of entity (check only one box). Caution. If 8a is "Yes," see the instructions for the correct box to check. | | |
| <input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership _____ <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Personal service corporation _____ <input type="checkbox"/> Church or church-controlled organization _____ <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input checked="" type="checkbox"/> Other (specify) ▶ Private Unincorporated Bank | | |
| <input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (TIN) _____ <input type="checkbox"/> Trust (TIN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) if any ▶ _____ | | |
| 9b If a corporation, name the state or foreign country (if applicable) where incorporated | State | Foreign country |
| 10 Reason for applying (check only one box) | | |
| <input type="checkbox"/> Started new business (specify type) ▶ _____ <input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business _____ <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Created a pension plan (specify type) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____ | | |
| 11 Date business started or acquired (month, day, year). See instructions. July 2017 | | 12 Closing month of accounting year N/A |
| 13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14. | | 14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. <input checked="" type="checkbox"/> |
| Agricultural N/A | Household N/A | |
| 15 First date wages or annuities were paid (month, day, year). Note. If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ▶ | | N/A |
| 16 Check one box that best describes the principal activity of your business. | | |
| <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) Private Bank of Private Properties <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail | | |
| 17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. Private Unincorporate Bank holding Individual Private ESTATE and Foreign Grantor TRUST properties | | |
| 18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," write previous EIN here ▶ _____ | | |

| | | |
|---|---|--|
| Third Party Designee | Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form. | |
| | Designee's name | Designee's telephone number (include area code) () |
| | Address and ZIP code | Designee's fax number (include area code) () |
| Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. | | Applicant's telephone number (include area code) (XXX) XXX XXXX |
| Name and title (type or print clearly) ▶ Mr(s) First Last - Individual Banker / CEO | | Applicant's fax number (include area code) () |
| Signature ▶ | Date ▶ | |

Non-Profit/Tax-Exempt Organization Information

| | |
|-------------------------------|-------------------------------------|
| Legal name: | INDIVIDUAL BANKER |
| Trade name/Doing business as: | PATRICK DEVINE PRIVATE BANK - E & T |
| County: | KEOKUK |
| State/Territory: | IA |
| Start date: | APRIL 2015 |

Addresses

| | |
|--------------------|---------------------------------------|
| Physical Location: | 18463 208TH AVE SIGOURNEY IA 52591 |
| Phone Number: | 641-541-0035 |
| Mail directed to: | PATRICK DEVINE |

Responsible Party

| | |
|-----------|----------------|
| Name: | PATRICK DEVINE |
| SSN/ITIN: | XXX-XX-XXXX |

Principal Business Activity

| | |
|---------------------------------------|-----------------------------|
| What your business/organization does: | OTHER |
| Principal products/services: | PRIVATE UNINCORPORATED BANK |

Additional Non-Profit/Tax-Exempt Organization Information

| | |
|---|------------------------|
| Owns a <u>55,000 pounds</u> or greater highway motor vehicle: | NO |
| Involves gambling/wagering: | NO |
| Involves alcohol, tobacco or firearms: | NO |
| Files Form 720 (Quarterly Federal Excise Tax Return): | NO |
| Has employees who receive Forms W-2: | NO |
| Reason for Applying: | STARTED A NEW BUSINESS |

YOUR 9 DIGIT POST ZIP
CODE

ST 00000-0000 US

56 F

**Notice Concerning Fiduciary Relationship
 of Financial Institution**
 (Internal Revenue Code sections 6036, 6402, and 6903)

Part I Identification

| | |
|--|---|
| 1 Name of person for whom you are acting (as shown on the tax return) FIRST MIDDLE LAST ESTATE | 2 Employer identification number XX XXXXXXXX |
| 3 Address of financial institution (number, street, and room or suite no.) ADDRESS | |
| 4 City, state, and ZIP code CITY STATE ZIP | 5 Telephone no. (XXX) XXX XXX |
| 6 Check the applicable box for the type of financial institution: <input checked="" type="checkbox"/> Bank <input type="checkbox"/> Thrift 7 Check here <input type="checkbox"/> if the financial institution is insolvent. | |
| 8 Enter the ending date of the financial institution's tax year (mo., day, yr.), ▶ date filling out form | |
| 9 Fiduciary's name FIRST MIDDLE LAST PRIVATE BANKER / CEO | 10 Contact person First Last |
| 11 Address of fiduciary (number, street, and room or suite no.) c/o ADDRESS (Non-Resident) | |
| 12 City or town, state, and ZIP code CITY STATE ZIP | 13 Telephone no. (XXX) XXX XXX |
| 14 Check the applicable box if the fiduciary is a: <input checked="" type="checkbox"/> Receiver <input type="checkbox"/> Conservator | |
| 15 Check this box <input type="checkbox"/> if the financial institution is or was a member of a group filing a consolidated return and complete lines 16 to 21 below: Lines 16 through 21 are to be completed only if the financial institution is or was a member of a group filing a consolidated return. | |
| 16 Name of person for whom you are acting (as shown on the tax return) | 17 Employer identification number |
| 18 Address of the common parent (number, street, and room or suite no.) | |
| 19 City, state, and ZIP code | |
| 20 Check here <input type="checkbox"/> if a copy of this form has been sent to the common parent of the group. | |
| 21 Enter the tax year(s) that the financial institution is or was a member of the consolidated group ▶ | |

Part II Authority

22 Evidence of fiduciary authority. Check applicable box(es), and attach copy of applicable orders:

| | |
|--|---|
| a <input type="checkbox"/> Appointment of conservator | b <input type="checkbox"/> Replacement of conservator |
| c <input type="checkbox"/> Appointment of receiver | d <input type="checkbox"/> Order of insolvency |
| e <input checked="" type="checkbox"/> Other evidence of creation of fiduciary relationship (describe) ▶ Original "Letters Patent" for Private Bank registration | |

Part III Tax Notices

23 All notices and other written communications with regard to income, employment, and excise taxes of the financial institution (listed on line 1) will be addressed to the fiduciary. Indicate below if other notices and written communications should be addressed to the fiduciary. Include the type of tax, tax periods or years involved.

This Private Bank - ESTATE has NONE - Non USURY account.

.....

.....

Part IV Revocation or Termination of Notice

Section A—Total Revocation or Termination

24 Evidence of termination or revocation of fiduciary authority (Check applicable box(es)):

| | |
|---|---|
| a <input type="checkbox"/> Certified copy of court order revoking fiduciary authority attached. | b <input type="checkbox"/> Copy of certificate of dissolution or termination of a business entity attached. |
| c <input type="checkbox"/> Other evidence of termination of fiduciary relationship (describe) ▶ | |

| | | |
|-------------------------|---|---------------|
| Please Sign Here | I certify that I have the authority to execute this notice concerning fiduciary relationship on behalf of the taxpayer. | |
| | Individual Banker - Agent _____ Title, if applicable | _____ Date |
| | ▶ Fiduciary's signature | |

TREASURY ACCOUNT

Set up access

FORMS NEEDED

FS FORM 1455

Request Payment Of US Securities

FS FORM 0385

Certificate of Identity

FS FORM 5446

Offline Transaction Request

FS FORM 5179

TD Security Transfer Request

FS FORM 5188 | OMB 1505-0170

Release Of Blocked Funds

To become a private banker is an honor – on behalf of your estate.

They will grant you access to your account

Transfer of all your bonds | notes | securities

Designate place for your private banking –they will give you something new

Stepping into a secured security status

You are the POA over the estate and you have the estate names exactly right. *When you choose a name, that name will be permanently a name for the rest of your life.* So when you have estate name or entity name or office of representative or office of POA, whatever name you have has to be inevitably **put in your will, declaration of status and classification and with that is a cover sheet with your durable POA to show the parties/entities that are going to assign the POA and the name of that attorney so each and every one of your PWs has to be identical with your entities,**

This is a BIG stumbling block for a lot of people.

First thing is write down who are the entities: the BC says John Ellen Doe; caps or no caps it makes no difference it is what is in the Vital Statistics, generally speaking it is the same on SS and DL, like with me it is uniform. It has to be recognized and acknowledged and verified behind the scenes with the UST so some of the supporting evidence in your paperwork would be a COPY of your birth registration so there is no doubt that you are one and the same, do not send an original, the same thing for your SS front and back to show that you are one and the same and the same for your DL. Those are the 3 IDs that they require and also down at the bank when they put the medallions on they have to have the same identification.

The first form from the UST: I filled out the 1455, one that Patrick was using, that one was actually included in this paperwork even though it was in the nature of the OMB, I still included that. This is the request by a fiduciary contributing US Securities.

This form is backing your POA which is another UST form that will be combined with this one acting in the financial fiduciary as to distribute the UST, which in this particular case deals with your series EE which happens to be your vital statistics registration of birth, not one and the same as your SS, that is a different beast.

The paperwork is partly the same as what I took into the local Wells Fargo and I signed each one of them with the UST medallion stamp that was placed upon each of the papers and logged in the bank's records that these papers were authorized and sent to UST to acknowledge a paper trail in the hand of authorized parties that put their seal and signatures on these documents that show that these papers are good to go and that should have no red flags in any capacity as to you to get your private banker's license and accounts as per the paperwork that you are doing.

You cannot do this on other people without a Power Of Attorney (POA) over these issues. You have to announce to UST that you are acting as attorney on behalf of another's estate. This is because of an agreement for compensation to handle their affairs on behalf of them and you will be doing the paperwork for them from now on.

You will not use your identity for public use. This is not a public entity that you are arranging, but a private banker to handle business on behalf of your own estate.

For my purposes I work from probate in the private. I do believe I am correct when I tell you that you are going out on a limb to do it the way these people on the websites are telling you. Stop and think: I am a private man, a living man, not a statute, not a code, I have to treat the parties according to what they are in every communication.

What they are doing basically in their paperwork is not addressing that you have secured an estate and that there is a progress of your status. What they do is they start from a commercial venue and going in to use the accounts without the acknowledgment and the authority with the UST that you are good to go.

FS FORM 1455

Request Payment Of US Securities

| | |
|---|-------------|
| For official use only: Customer Name | Case Number |
|---|-------------|

FS Form 1455 (revised June 2017)

OMB No. 1530-0035

Request by Fiduciary for Distribution of United States Treasury Securities



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

One or more fiduciaries (individual or corporate) must use this form to request distribution of United States Treasury Securities to the person lawfully entitled due to distribution of a trust or an estate or other reasons set out in the instructions.

Part A – Reason for Distribution

I/We request distribution of the securities and/or related payments for the following reason:

Distribution of an estate OR trust to person(s) entitled

Other reason for distribution: _____

If a person entitled to paper savings
 . . . payment, they must submit FS
 . . . reissue to themselves, they
 . . . reissue to a trust, they must

A person entitled to electronic sec

in section 2 all you need to do is put birth registration and 3 lines over it says ID number that is where your CUSIP number is going in. Your registration number would be something from the front of your birth registration... you can play with this stuff but I fill out the least amount on this document, they have all these records over there and they can respond when I put in a subpoena in for the accounting since my birth.

Part B – Distribution of Securities

I/We request that the securities and/or related payments be distributed as follows:

1. Distribute to: _____
(Name)

_____ (Social Security Number or Employer Identification Number) _____ (Telephone Number)

_____ (Address)

2. Description of securities and/or related payments:

| Title of Security | Issue Date | Face Amount | Identifying Number | Registration |
|-------------------|------------|-------------|--------------------|--------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

NOTE: Individual savings bonds (Series EE, E, I, HH, and H) may not be split. Each savings bond must be distributed, in its entirety, to an entitled individual or entity. Marketable securities may be distributed in full or in increments of \$100.

If you want to split a marketable security, describe the exact amount of the distribution: _____

Part B – Distribution of Securities *(Continued)*

I/We request that the securities and/or related payments be distributed as follows:

1. Distribute to: _____
(Name)

(Social Security Number) OR _____
(Employer Identification Number)

(Address and Telephone Number)

2. Description of securities:

| Title of Security | Issue Date | Face Amount | Identifying Number | Registration |
|-------------------|------------|-------------|--------------------|--------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

NOTE: Individual **savings bonds** (Series EE, E, I, HH, and H) may not be split. Each savings bond must be distributed, in its entirety, to an entitled individual or entity. **Marketable securities** may be distributed in full or in increments of \$100.

If you want to split a marketable security, describe the exact amount of the distribution: _____

I/We request that the securities and/or related payments be distributed as follows:

1. Distribute to: _____
(Name)

(Social Security Number) OR _____
(Employer Identification Number)

(Address and Telephone Number)

2. Description of securities:

| Title of Security | Issue Date | Face Amount | Identifying Number | Registration |
|-------------------|------------|-------------|--------------------|--------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

NOTE: Individual **savings bonds** (Series EE, E, I, HH, and H) may not be split. Each savings bond must be distributed, in its entirety, to an entitled individual or entity. **Marketable securities** may be distributed in full or in increments of \$100.

If you want to split a marketable security, describe the exact amount of the distribution: _____

Part C - Signatures and Certifications

I/We certify under penalty of perjury that the information provided herein is true and correct to the best of my/our knowledge and belief, and agree to distribution of the securities as indicated in Part B. I/We bind ourselves, our heirs, legatees, successors and assigns, jointly and severally, to hold the United States harmless on account of the transaction requested, and to indemnify unconditionally and promptly repay the United States in the event of any loss which results from this request, including interest, administrative costs, and penalties. I/We consent to the release of any information regarding this transaction, including information contained in this form, to any party having an ownership or entitlement interest in the securities or payments.

You must wait until you are in the presence of a certifying officer to sign this form.

Sign Here: _____
(Signature)

(Applicant's Title)

(Number and Street, Rural Route, or PO Box) (City) (State) (ZIP Code)

(Daytime Telephone Number) (E-Mail Address)

Instructions to Certifying Officer:

1. Name of 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 is known or
(Name of Person Who Appeared)
proven to me, personally appeared before me this _____ day of _____,
(Month/Year)
at _____, and signed this form.
(City, State)

(Signature and Title of Certifying Officer)

(Name of Financial Institution)
(OFFICIAL STAMP OR SEAL) _____
(Address)

(City, State, ZIP Code)

(Telephone)

You must wait until you are in the presence of a certifying officer to sign this form.

Sign Here: _____
(Signature)

(Applicant's Title)

(Number and Street, Rural Route, or PO Box) (City) (State) (ZIP Code)

(Daytime Telephone Number) (E-Mail Address)

Instructions to Certifying Officer:

1. Name of 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 is known or
(Name of Person Who Appeared)
proven to me, personally appeared before me this _____ day of _____,
(Month/Year)
at _____, and signed this form.
(City/State)

(Signature and Title of Certifying Officer)

(Name of Financial Institution)

(Address)

(City, State, ZIP Code)

(Telephone)

(OFFICIAL STAMP
OR SEAL)

Instructions

Use of Form – One or more fiduciaries (individual or corporate) must use this form to establish entitlement and request distribution of United States Treasury Securities and/or related payments to the person lawfully entitled due to termination of a trust, distribution of an estate, attainment of majority, restoration to competency, or other reason.

If you need more space for any item, use a plain sheet of paper or make photocopies of the relevant section, and attach to the form.

NOTE: For reissue to the estate, use FS Form 4000. For payment to the estate, submit FS Form 1522.

Part A – Reason for Distribution

Mark a box to show the reason for the distribution. If you mark "Other," describe the reason, such as attainment of majority or restoration to competency.

Submit a copy of all evidence that establishes your authority to request this transaction. For example, if you are the administrator or executor of an estate, provide a certified copy of your letters of appointment, dated within one year of submission. Submit certified copies of death certificates for all deceased registrants.

Part B – Distribution of Securities

Complete Items 1 through 2.

1. Enter the name of only one distributee in each Part B, Item 1. (A separate Part B must be completed for each distributee.) Enter the appropriate Social Security Number or Employer Identification Number.
2. Describe only the securities and/or checks which the person shown in Item 1 is to receive:
 - TITLE OF SECURITY – Identify each security by series, interest rate, type, CUSIP, call and maturity date, as appropriate. If describing a check, insert the word “check.”
 - ISSUE DATE – Provide the issue date of each security or check.
 - FACE AMOUNT – Provide the face amount (par or denomination) of each security or check.
 - IDENTIFYING NUMBER (if applicable) – Provide the serial number of each security, the confirmation number, or the check number.
 - REGISTRATION – Provide the registration of each security, check, or account; also provide the account number, if any.

Examples:

| TITLE OF SECURITY | ISSUE DATE | FACE AMOUNT | IDENTIFYING NUMBER | REGISTRATION |
|--|------------|-------------|-------------------------------------|---|
| <i>Paper Marketable Security</i> 9 1/8 % TREASURY BOND OF 2004-2009 MATURES 5/15/09 CUSIP 912810CG1 | 5/15/79 | \$5,000 | <i>Serial #</i> 123 | JOHN DOE AND JANE DOE SSN 222-22-2222 |
| <i>Electronic Marketable Security</i> CUSIP 912795QW4 | 2/5/04 | \$1,000 | | ACCT # 4800-123-1234 JOHN DOE SSN 222-22-2222 |
| <i>Electronic Series I Savings Bond</i> SERIES I | 1/1/02 | \$100 | <i>Confirmation #</i> 12345 | ACCT # N-111-111-111 JOHN DOE |
| <i>Paper Series EE Savings Bond</i> SERIES EE | 7/99 | \$100 | <i>Serial #</i> C-123,456,789-EE | SSN 222-22-2222 JOHN DOE OR JANE DOE |
| <i>Check</i> CHECK | 7/26/04 | \$351.02 | <i>Check #</i> 502123456 | JOHN DOE |

If unsure what to provide in each of the areas, furnish all identifying information in the space for REGISTRATION.

In all cases, we need an additional form or forms from the distributee.

When paper savings bonds (Series EE, E, I, HH, or H) are distributed, and the entitled person wants:

- Payment, he or she must submit FS Form 1522
- Reissue to themselves, he or she must submit FS Form 4000
- Reissue to a trust, he or she must submit FS Form 1851

When electronic securities held in a TreasuryDirect account are distributed, the entitled person must submit FS Form 5446. He or she should complete only the appropriate pages, as indicated on the form.

When distributed to an entitled person or entity, individual **savings bonds** (Series EE, E, I, HH, and H) may not be split. Each bond must be distributed, in its entirety, to an entitled individual or entity. **Marketable securities** may be distributed in full or in increments of \$100. To split marketable securities, describe the exact amount of the distribution.

Our forms may be downloaded at www.treasurydirect.gov.

If an entitled person wants payment of paper marketable securities, not held electronically, the fiduciary must complete the assignment on the reverse of the security. The distributee must complete IRS Form W-9.

Any interest that is or becomes due on securities belonging to the estate of a decedent will be paid to the person to whom the securities are distributed, unless otherwise requested.

Part C – Signatures and Certifications

Signatures – The form must be signed in ink. Sign the form in your fiduciary capacity. If the request is on behalf of a corporate fiduciary, the name of the corporation must be given, followed by the signature and title of an authorized officer. If there are two or more fiduciaries, all must join in the request unless by express statute, decree of court, or the terms of the instrument under which the fiduciaries are acting, one or more of them may properly execute the request.

Certification – Each person whose signature is required must appear before and establish identification to the satisfaction of an authorized certifying officer. The signatures to the form must be signed in the officer's presence. The certifying officer must affix the seal or stamp which is used when certifying requests for payment. Authorized certifying officers are available at most financial institutions, including credit unions. Certification by a notary isn't acceptable. Examples of acceptable seals and stamps:

- The financial institution's official seal or stamp, including: Signature Guaranteed seal or stamp; Endorsement Guaranteed seal or stamp; Corporate seal or stamp (a corporate resolution isn't required); or Issuing or paying agent seal or stamp (including name, location, and four-digit identification number or nine-digit routing number).
- The seal or stamp of Treasury-recognized Signature Guarantee Programs or other Treasury-approved Medallion Programs.

Sample certification for a financial institution:

SIGNATURE GUARANTEED
ABC National Bank
Hillview Branch

Authorized Signature

Acceptable certification for a brokerage:

SIGNATURE GUARANTEED
MEDALLION GUARANTEED
Generic Brokerage

Authorized Signature

XXXXXXXX

SECURITIES TRANSFER AGENTS MEDALLION PROGRAM

[Bar Code]

Additional Evidence – The Commissioner of the Fiscal Service, as designee of the Secretary of the Treasury, reserves the right in any particular case to require the submission of additional evidence.

Where To Send – Unless otherwise instructed in accompanying correspondence, send this form (without instruction pages) and **send the securities, if any**, to the appropriate address below. Legal evidence or documentation you submit cannot be returned.

- 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.
- Book-entry 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 – Bureau of the Fiscal Service, PO Box 426, Parkersburg, WV 26106-0426.

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; as otherwise authorized by law or regulation.

We estimate it will take you about 30 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 completed form to this address; send to the appropriate address shown in "Where To Send" in the Instructions.**

FS0385

Certificate of Identity

This is a certificate of identity. This is a one-sheet piece of paper, the rest of it is instructions. You can see at the bottom-left it is asking for the financial institution's seal or stamp which is the medallion stamp that gives you the authority with the UST to be recorded on SORN, a registration of your status, classification and who's who of what you are filling out right here all these documents get put on SORN, so that is FS0385 and each one of these documents will require you to have the medallion stamp put on them.

For official use only: Customer Name Case No.

FS Form 0385 (Revised June 2016)

OMB No. 1530-0026

Certificate of Identity



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 under the laws of the United States. Print in ink or type all information.

Affidavit

- I certify that the names ... and ... refer to the same person, whose correct name is ...
The names are different because:
The source of my knowledge is:
Is there now or was there during ... any other person known to you by either or any of these names? Yes No If Yes, please explain:

Signature - A person who is not named on the securities and who has no interest in the securities must sign this form in the presence of a certifying officer.

Sign Here: (Signature) (Daytime Telephone Number) (Mailing Address) (E-mail Address)

- Instructions to Certifying Officer:
1. Name of 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 (Name[s] of Person[s] Who Appeared), whose identity(ies) is/are

known or proven to me, personally appeared before me this (Month/Year)

at (City, State) and signed this form.

(Signature and Title of Certifying Officer)

(OFFICIAL STAMP OR SEAL)

(Name of Financial Institution)

(Address)

(City, State, ZIP Code)

(Telephone)

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.

(Notary certification is NOT acceptable.)

INSTRUCTIONS

A person who has **NO** interest in the securities must complete and sign this form, confirming the individual's identity. Unless otherwise instructed in accompanying correspondence, mail this form to the Treasury Retail Securities site that requested it or 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
- Book-entry 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 – Bureau of the Fiscal Service, PO Box 426, Parkersburg, WV 26106-0426

CERTIFICATION

Person who signs form - You must sign the form in the presence of an officer authorized to certify assignments or requests for payment of United States savings and retirement securities. Authorized certifying officers are available at financial institutions, including credit unions, in the United States. For complete lists of such officers, see Department Circulars, Nos. 300 and 530, and Public Debt Series, Nos. 3-80 and 2-98.

Certifying officer - The person appearing before you must establish identification by positive and reliable evidence before this form is signed, unless he or she is personally known to you. You must complete and sign the certification form and affix your organization's seal or stamp. If you are an employee (rather than an officer) authorized to certify, insert the words "Authorized Signature" in the space provided for the title.

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; as otherwise authorized by law or regulation.

We estimate that 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** completed form to this address; send to the appropriate address in the first paragraph of the Instructions.

FS 5446

Offline Transaction Request

On transactions requested I did the redemption of the EE which is the birth registration and this is all verified there is a manual that the UST puts out on birth registration and how they are associated with the accounts so I already checked it out. The owner's SS number is the document that allows you to get into both the birth registration and SS, and the transfer of the EE to a new account is like a merger, you are asking them to set up a merger account, Treasury Direct, to deposit these into a private account for your benefit. The next section I checked off too for transfer of a bond, and c1 and c2, and checked off other "merger of unsecured account into secured account"..

On number 3 I checked off legal representative of the estate and the estate name, I also checked off the attorney in fact and the person entitled to judicial proceedings you don't have to check that off. I checked off other and put probate there because they have to know that my foundational paperwork is my launchpad. You are starting halfway through the process, where I start is at the beginning where you are fully authorized with the courts standing in line to have access to these accounts.

At the bottom: "Redeem all of my savings bonds...". The secured account is for the private banker EIN number, you are merging into the lesser. check off checking. I put the New York FRB banking routing number, bureau of fiscal services. Transfer of securities from one account to another: if they deem that your Treasury Direct for SS is a conflict of interest, they will open a new account for you and by checking all securities it gives them the chance to open up a separate one so they are not in conflict with each other. Just go through the whole form and check off the ones that apply, generally speaking the SS account, you can always go back and clean up any titles of nobility. Your first entry with them just be authorized as the fiduciary and they will license you.

For official use only:

Customer Name

Case Number

FS Form 5446 (revised February 2017)

OMB No. 1535-0138

TreasuryDirect® Offline Transaction Request



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

Use this form to request transactions that involve a TreasuryDirect account and cannot be completed online. If a . . .

- *Decedent's estate is involved, see the Instructions for examples of when this form may or may not be used.*
- *Change to an Entity Account or Entity Account Manager is involved, see the Instructions for additional evidence that may be required.*

Carefully read all of the Instructions before completing this form and complete only the parts of the form that apply to the transaction(s) requested. Parts A and F must be completed for ALL transactions.

At a glance . . .

| <i>If you are the . . .</i> | <i>and are requesting . . .</i> | <i>then complete parts</i> | <i>and also provide this evidence:</i> |
|---|---|----------------------------|--|
| Account owner or parent of a minor account owner | Change or correct account name | A, E-1, and F | None required. |
| | Correct Social Security Number | A, E-1, and F | |
| | Correct date of birth | A, E-1, and F | |
| | Remove hardlock | A and F | |
| Account owner or parent of a minor account owner and the security is a restricted, converted security | Transfer | A, C, and F | If the non-converting coowner or beneficiary is deceased, a certified copy of his or her death certificate. |
| | Edit | A, D-1, and F | |
| Surviving secondary owner or beneficiary, including non-converting coowner or beneficiary | Redemption | A, B, and F | A certified copy of the decedent's death certificate. |
| | Transfer | A, C, and F | |
| Non-converting coowner or beneficiary | Edit registration | A, D-1, and F | None required. |
| Legal representative or legal guardian formally appointed by the court and still acting | Redemption | A, B, and F | A certified copy of your letters of appointment, dated within one year of submission. |
| | Transfer to a TreasuryDirect Entity Account, financial institution, or broker | A, C, and F | |
| Person entitled to securities due to distribution of an estate by a legal representative or restoration to competency or attainment of majority when a legal guardian has been formally appointed | Redemption | A, B, and F | A certified copy of the legal representative's or legal guardian's letters of appointment dated within one year of submission, certified copies of death certificates for all deceased registrants, and a FS Form 1455 showing distribution. |
| | Transfer to person(s) entitled | A, C, and F | |

| | | | |
|---|--|---------------|--|
| Attorney-in-fact | Redemption | A, B, and F | A copy of the power of attorney document, containing the grantor's signature and witnessed or certified in accordance with applicable state law. |
| | Transfer | A, C, and F | |
| | Edit registration | A, D-1, and F | |
| | Change or correct account name | A, E-1, and F | |
| | Correct Social Security Number | A, E-1, and F | |
| | Correct date of birth | A, E-1, and F | |
| Person(s) entitled through judicial proceedings | Redemption | A, B, and F | A certified copy of the court approved document authorizing the transaction. |
| | Transfer to person(s) entitled | A, C, and F | |
| Person entitled to securities belonging to a decedent's estate when a legal representative has not been/ will not be appointed and the estate is not being settled in accordance with state statute | Redemption | A, B, and F | A certified copy of the decedent's death certificate and properly completed FS Form 5336 showing distribution. |
| | Transfer to person(s) entitled | A, C, and F | |
| Entity Account Manager or new Entity Account Manager | Change or correct Entity Account information | A, E-2, and F | Copy of trust, corporate resolution, letters of appointment, death certificate, etc., as applicable. See Instructions. |
| | Change or correct Entity Account Manager information | A, E-2, and F | |
| | Change or correct Entity Account Manager | A, E-3, and F | |
| Currently acting Entity Account Manager | Change of Entity Account Manager | A, D-2, and F | Copy of trust, corporate resolution, letters of appointment, death certificate, etc., as applicable. See Instructions. |

TreasuryDirect Account Name: (your full name as on SS card, in ALL CAPS)

TreasuryDirect Account Number: your SSN + add "22" (from checking account/for paying bills); or + "32" (for wires)

Routing Numbers, derived from your US social security card Letter District:

- A Boston (1st District) 0110-0001-5
- B New York (2nd District) 0210-0120-8
- C Philadelphia (3rd District) 0310-0004-0
- D Cleveland (4th District) 0410-0001-4
- E Richmond (5th District) 0510-0003-3
- F Atlanta (6th District) 0610-0014-6
- G Chicago (7th District) 0710-0030-1
- H St. Louis (8th District) 0810-0004-5
- I Minneapolis (9th District) 0910-0008-0
- J Kansas City (10th District) 1010-0004-8
- K Dallas (11th District) 1110-0003-8
- L San Francisco (12th District) 1210-0037-4

Part A

TreasuryDirect Account Name: _____

TreasuryDirect Account Number: _____

Account and Transaction Information

1. TreasuryDirect Account Information

TreasuryDirect Account Number: _____

TreasuryDirect Account Name: _____

Taxpayer Identification Number (SSN or EIN): _____

2. Transactions Requested (Check all that apply.)

- Redemption of EE or I savings bonds held in TreasuryDirect.
- Redeem C of I.
- Edit the registration of existing EE or I savings bonds held in TreasuryDirect.
- Change or correct account owner's name.
- Change or correct Entity Account information.
- Correct account owner's Social Security Number.
- Change or correct Entity Account Manager information.
- Correct account owner's date of birth.
- Transfer of an EE or I savings bond from one TreasuryDirect account to another. Complete Part C-1.
- Transfer of a Treasury bill, note, bond, FRN, or TIPS from one TreasuryDirect account to another. Complete Part C-1.
- Transfer of a Treasury bill, note, bond, FRN, or TIPS from TreasuryDirect to a financial institution or brokerage firm for safekeeping or sale. Complete Part C-2.
- Remove hardlock.
- Other (specify) _____

3. Capacity of Applicant(s) (Check all that apply.) (Supporting evidence is often required; see the Instructions.)

- Individual Account Owner
- Entity Account Manager
- Surviving secondary owner or beneficiary
- Non-converting coowner or beneficiary
- Legal representative of the estate of _____
- Legal guardian of the estate of _____
- Person(s) entitled as shown on FS Form 1455
- Parent of a minor account owner
- Attorney-in-fact
- Person(s) entitled through judicial proceedings
- Person(s) entitled to decedent's estate as shown on FS Form 5336
- Other (specify) _____

Part B

TreasuryDirect Account Name: _____

TreasuryDirect Account Number: _____

Redeem EE or I Savings Bonds Held in TreasuryDirect

Complete a separate Part B for each separate redemption request and/or if the number of savings bonds to be redeemed is more than can be described in the space provided.

I request redemption of the following EE or I savings bonds held in TreasuryDirect.

1. Description of Savings Bonds

Redeem ALL my savings bonds in the requested TreasuryDirect account.

Redeem only the savings bonds listed by confirmation number below.

| Confirmation Numbers | | | |
|----------------------|--|--|--|
| | | | |
| | | | |
| | | | |

Redeem C of I to the extent of \$ _____

2. Payee Information

_____ (Name)

_____ (Social Security Number) OR _____ (Employer Identification Number)

3. Direct Deposit Instructions

I request that the proceeds from the redemption be deposited to:

_____ (Name[s] on the Account)

_____ (Depositor's Account No.) Type of Account: Checking Savings

Bank Routing No.: _____

_____ (Financial Institution's Name) _____ (Phone Number)

Part C-1

TreasuryDirect Account Name: _____

TreasuryDirect Account Number: _____

Transfer Securities from One TreasuryDirect Account to Another

Complete a separate Part C-1 for each separate transfer request and/or if the number of securities to be transferred is more than can be described in the space provided.

I request/consent to transfer as indicated in Item 2 the following securities held in TreasuryDirect.

By submitting this form, I certify that I understand the securities described will be removed from the originating account and transferred to the recipient's TreasuryDirect account. I also understand the registration of the transferred securities will be changed to show the owner of the account receiving the securities as the single owner.

If this is a savings bond transaction, I certify that this transfer is either for the purpose of making a gift or is in response to a final judgment, court order, divorce decree, or property settlement agreement. (NOTE: When you buy savings bonds in TreasuryDirect, you must hold them for at least five business days before you can transfer them to other accounts.)

If this is a marketable security transaction, I understand that all scheduled reinvestments related to this security/these securities will be canceled at the time of the transfer.

NOTES: 1. Series EE and Series I savings bonds may not be split. Each bond must be transferred in its entirety. Marketable securities may be transferred in full or in increments of \$100. 2. If you are requesting transfer of savings bonds to a trust, carefully read and complete Page 6.

TAX LIABILITY: I certify that I understand this transaction may be reported to the Internal Revenue Service and that this transfer may result in a tax liability.

1. Description of Securities

Transfer ALL securities in the requested TreasuryDirect account.

| Confirmation Number | Portion to be Transferred (If neither block is checked, transfer in FULL will be assumed.) |
|---------------------|--|
| | <input type="checkbox"/> Transfer of security in FULL OR <input type="checkbox"/> Transfer of security to the extent of \$ _____ |
| | <input type="checkbox"/> Transfer of security in FULL OR <input type="checkbox"/> Transfer of security to the extent of \$ _____ |
| | <input type="checkbox"/> Transfer of security in FULL OR <input type="checkbox"/> Transfer of security to the extent of \$ _____ |
| | <input type="checkbox"/> Transfer of security in FULL OR <input type="checkbox"/> Transfer of security to the extent of \$ _____ |

2. Transfer Instructions

Transfer TreasuryDirect Account Number: _____
security(ies) to:

TreasuryDirect Account Name: _____

Taxpayer Identification Number (SSN or EIN): _____

Mark this box if the transfer is between spouses or incident to a divorce.

Part C-1 (continued)

3. TAX LIABILITY NOTICE (Carefully read before completing Item 4.)

Upon the transfer of savings bonds to a trust, you must include in your gross income any accumulated interest on the bonds, if you have not already reported it, unless, under the grantor trust provisions of the Internal Revenue Code, you are treated as the owner of the portion of the trust represented by any tax-deferred accumulated interest on the transferred bonds. If you are treated as the owner of that portion, the accumulated interest continues to be your income rather than that of the trust, and therefore, you may continue to defer reporting the interest earned each year. You must include the total accumulated interest in your gross income when the bonds are disposed of or finally mature, whichever is earlier. These rules apply when bonds being transferred are Series I bonds or Series EE bonds, if you are the owner of the portion of the trust represented by the tax-deferred accumulated interest.

Generally, you will be treated as the owner of a trust that you have created to the extent that you retain certain powers over or interests in the trust. For example, you will be treated as the owner of the portion of the trust represented by any tax-deferred accumulated interest on the transferred bonds under the following circumstances:

- (1) You will be treated as the owner of a trust to the extent that you have an unconditional power to revest in yourself title to the trust assets. Thus, if you can, at your discretion, revoke all or part of the trust so that the bonds will be returned to you, you will be treated as the owner of the portion of the trust represented by any accumulated interest on the bonds.
- (2) If the trust instrument provides that the transferred bonds or the proceeds from the redemption or disposition of those bonds must be distributed to you or your spouse, or held or accumulated for future distribution to you or your spouse, you will be treated as the owner of the portion of the trust represented by any accumulated interest on the bonds. You will be treated as the owner in this circumstance irrespective of the terms of the trust.
- (3) You will be treated as the owner of a trust to the extent that you retain a power to control the beneficial enjoyment of property transferred to a trust. Thus, if you retain, under the terms of the trust instrument, an immediately exercisable power to determine, in your sole discretion, who will receive the bonds or the proceeds from the redemption or disposition of the bonds, then you will be treated as the owner of the portion of the trust represented by any accumulated interest.

The examples outlined above are illustrative only and they are not intended to cover all possible situations in which you could be treated as the owner of a trust or a portion of a trust. Furthermore, events can occur, such as the renunciation of a retained power or interest, which would cause you to cease being treated as the owner of a trust. If you are not sure whether you will be treated as the owner of a trust, you may request a letter ruling from the Internal Revenue Service. A request for a letter ruling should be sent to: **Internal Revenue Service, ATTN: CC: DOM: CORP: T, PO Box 7604, Ben Franklin Station, Washington, DC 20044.**

If you have questions concerning the information to be submitted in connection with a letter ruling request, you may call 202-317-4782.

4. TAX LIABILITY STATEMENT (*This section must be completed.*)

You must mark box "a" or "b" to indicate if you are the owner of the portion of the trust represented. (See "TAX LIABILITY NOTICE" above.)

"Interest" includes interest earned on EE or I bonds from the issue date until the date of transfer.

This statement will also apply to all future transactions requested by the same owner(s) or person(s) entitled to the same trust.

For Federal income tax purposes:

- a. I certify that I will be treated as owner of the portion of the trust represented by the tax-deferred accumulated interest on the bonds being transferred. *If this box is marked, the interest will be tax-deferred (interest will not be reported to the Internal Revenue Service as a result of the transfer).*
- b. I certify that I will not be treated as owner of the portion of the trust represented by the tax-deferred accumulated interest on the bonds being transferred. *If this box is marked, interest will be reported to the Internal Revenue Service for the taxable year in which the bonds were transferred to the trust. A 1099-INT will be generated for the Social Security Number specified.*

Part C-2

TreasuryDirect Account Name: _____
TreasuryDirect Account Number: _____

**Transfer Treasury Bills, Notes, Bonds, FRNs, or TIPS
From TreasuryDirect to a Financial Institution or Brokerage Firm for Safekeeping or Sale**

Complete a separate Part C-2 for each separate transfer request and/or if the number of securities to be transferred is more than can be described in the space provided.

I request/consent to transfer out of TreasuryDirect the following Treasury bills, notes, bonds, FRNs, or TIPS, as indicated in Item 2. I understand that all scheduled reinvestments related to this security/these securities will be canceled at the time of the transfer.

1. Description of Securities

Transfer **ALL** my securities in the requested TreasuryDirect account.

| Confirmation Number | Portion to be Transferred (If neither block is checked, transfer in FULL will be assumed.) |
|---------------------|--|
| | <input type="checkbox"/> Transfer of security in FULL OR <input type="checkbox"/> Transfer of security to the extent of \$ _____ |
| | <input type="checkbox"/> Transfer of security in FULL OR <input type="checkbox"/> Transfer of security to the extent of \$ _____ |
| | <input type="checkbox"/> Transfer of security in FULL OR <input type="checkbox"/> Transfer of security to the extent of \$ _____ |
| | <input type="checkbox"/> Transfer of security in FULL OR <input type="checkbox"/> Transfer of security to the extent of \$ _____ |

2. Transfer to a Financial Institution or Brokerage Firm (does NOT apply to savings bonds)

I authorize the Treasury Department to remove the securities described on this page from my control within the TreasuryDirect system and transfer them to the financial institution or brokerage firm designated below. I further understand that this transaction may be rejected or its processing delayed, if I provided incorrect information and/or submitted the transaction immediately prior to a Closed Book Period. I certify that I have the authority to request this transaction.

NOTE: Failure to provide any of the following information could delay the transfer. See instructions before completing.

Routing Number: _____ Financial Institution Wire Name: _____

Agent or Broker Name: _____ Agent or Broker Phone Number: _____

Agent or Broker Address: _____

Special Handling Instructions: _____

Mark this box if the transfer is between spouses or incident to a divorce.

Part D-2

TreasuryDirect Account Name: _____
TreasuryDirect Account Number: _____

Consent to Change the Entity Account Manager of a TreasuryDirect Account

Complete Part D-2 to consent to a change of Entity Account Manager for a TreasuryDirect account.

I _____ hereby authorize
(Name of Entity Account Manager consenting to the change)
the Bureau of the Fiscal Service, Parkersburg, West Virginia, to remove my personal information as the Entity
Account Manager for _____
(TreasuryDirect Entity Account Name)
and change the Entity Account Manager to _____
(Name of New Entity Account Manager)

Part E-1

TreasuryDirect Account Name: _____
 TreasuryDirect Account Number: _____

**Change or Correct Account Information
 For an Individual TreasuryDirect Account**

1. Change an Individual Account Owner's Name

I certify that the account owner's name has been legally changed by:

Marriage Divorce Adoption Naturalization Court order

Other (explain) _____

to _____
 (Furnish the New Legal Name)

2. Correct an Individual Account Owner's Name

I certify that the account owner's name is incorrectly shown on the account.

The account owner's correct legal name is: _____

3. Correct an Individual Account Owner's Social Security Number

I certify that the account owner's Social Security Number is incorrectly shown on the account.

The account owner's correct Social Security Number is: _____

4. Correct an Individual Account Owner's Date of Birth

I certify that the date of birth shown for the account owner on the TreasuryDirect account is incorrect and that the

account owner's correct date of birth is: _____
 (Month / Day / Year)

Part E-2

TreasuryDirect Account Name: _____
TreasuryDirect Account Number: _____

Change or Correct the Entity Account Information**1. Change Entity Account Name**

I certify that the Entity Account name has changed to: _____

Provide an explanation for the change: _____

2. Correct Entity Account Name

I certify that the Entity Account name is incorrectly shown on the account.

The correct account name is: _____

3. Correct Entity Account Taxpayer Identification Number

I certify that the Entity Account Taxpayer Identification Number (EIN or SSN) is incorrectly shown on the account.

The correct account Taxpayer Identification Number is: _____

Part E-2 (continued)

TreasuryDirect Account Name: _____
 TreasuryDirect Account Number: _____

Change or Correct the Current Entity Account Manager Information

1. Change Entity Account Manager's Name

I certify that the Entity Account Manager's name has been legally changed by:

- Marriage Divorce Naturalization Court order
 Other (explain): _____

to: _____
 (Furnish the New Legal Name)

2. Correct Entity Account Manager's Name

I certify that the Entity Account Manager's name is incorrectly shown on the account.

The correct Entity Account Manager's legal name is:

 (First / Middle / Last)

3. Correct Entity Account Manager's Social Security Number

I certify that the Entity Account Manager's Social Security Number is incorrectly shown on the account.

The correct Entity Account Manager's Social Security Number is: _____

4. Correct Entity Account Manager's Date of Birth

I certify that the Entity Account Manager's date of birth is incorrectly shown on the account.

The Entity Account Manager's correct date of birth is: _____
 (Month / Day / Year)

Part E-3

TreasuryDirect Account Name: _____

TreasuryDirect Account Number: _____

Change Entity Account Manager – New Manager Information

1. Account Manager Name: _____
(First Name / Middle Name or Initial / Last Name / Suffix)2. Taxpayer Identification Number: _____
(Social Security Number of New Entity Account Manager)3. Date of Birth: _____
(Month / Day / Year)4. Street Address: _____

5. City: _____ State: _____ Zip Code: _____

6. Home Phone: _____

Work Phone: _____

Cell Phone: _____

7. Driver's License/State ID Number: _____

Issuing State: _____

Expiration Date: _____

8. E-mail Address: _____

9. Mailing Address (check one):

 Use the Entity Address Use the Account Manager Address

In support of the Entity Account Manager change requested above, evidentiary documentation must also be provided to explain why the change is being requested. For example, the evidence necessary may include a certified copy of:

- the trust document, if a successor trustee will be the new account manager
- a letter of resignation, if the current administrator, legal representative, or trustee resigned
- the new partnership agreement, if a member left the partnership or is stepping down as the account manager
- the corporate resolution or articles of organization, if the company reorganized or officers have changed
- the letters of appointment, if a new guardian or legal representative has been appointed
- a death certificate, if the current Entity Account Manager is deceased

NOTE: The current Entity Account Manager must complete Parts A and D-2 and sign in Part F. If he or she is unable to sign, please provide evidence as to why—evidence such as a certified copy of a death certificate.

Part F

TreasuryDirect Account Name: _____

TreasuryDirect Account Number: _____

Signatures and Certifications

The undersigned certify under penalty of perjury that the information provided herein is true and correct to the best of our knowledge and belief and agree to distribution of the securities as indicated. We bind ourselves, our heirs, legatees, successors and assigns, jointly and severally, to hold the United States harmless on account of the transaction requested, to indemnify unconditionally and promptly repay the United States in the event of any loss which results from this request, including interest, administrative costs, and penalties. We consent to the release of any information regarding this transaction, including information contained in this application, to any party having an ownership or entitlement interest in the securities or checks.

- You must wait until you are in the presence of a certifying officer to sign this form.
- Certifying officers are available at banks, trust companies, and credit unions.
- Certification by a notary public is NOT acceptable.

Sign Here: _____ (Signature) _____ (E-mail Address)

_____ (Mailing Address) _____ (Daytime Phone No.)

Sign Here: _____ (Signature) _____ (E-mail Address)

_____ (Mailing Address) _____ (Daytime Phone No.)

- Instructions to Certifying Officer:**
1. Name of 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. **NOTE:** To certify a second signature, use the next page.

I CERTIFY that _____, whose identity is known or was
(Name of Person Who Appeared)

proven to me, personally appeared before me this _____ day of _____,
(Month / Year)

at _____, and signed this form.
(City, State)

_____ (Signature and Title of Certifying Officer)

_____ (Name of Financial Institution)

_____ (Address)

_____ (City, State, ZIP Code)

_____ (Telephone)

(OFFICIAL STAMP OR SEAL)

I CERTIFY that _____, whose identity is known or was
(Name of Person Who Appeared)

proven to me, personally appeared before me this _____ day of _____,
(Month / Year)

at _____, and signed this form.
(City, State)

(OFFICIAL STAMP
OR SEAL)

(Signature and Title of Certifying Officer)

(Name of Financial Institution)

(Address)

(City, State, ZIP Code)

(Telephone)

INSTRUCTIONS

Complete only the parts of the form that apply to the transaction(s) requested.

Use of Form – Use this form to request transactions that involve a TreasuryDirect account and cannot be completed online. **Complete a separate FS Form 5446 for each TreasuryDirect account number.**

If a decedent's estate is involved, this form may be used ONLY in the following cases:

- A legal representative has been appointed and is still acting and the legal representative wishes to redeem securities. The legal representative must use a FS Form 1455 to distribute the securities to the persons entitled. The persons entitled may then use this form to request transfer or payment of securities. In order to sell unmatured Treasury bills, notes, bonds, FRNs, or TIPS, the security must be transferred to a financial institution or brokerage firm.
- A legal representative has not been appointed to settle the decedent's estate but the person entitled to the securities wishes to request transfer or payment of securities. (Use an FS Form 5336 to distribute the securities to the person[s] entitled if the redemption value of all securities owned by the decedent does not exceed \$100,000. Estates with securities valued over \$100,000 must be formally administered through the court and an administrator, executor, or similar representative appointed.) In order to sell unmatured Treasury bills, notes, bonds, FRNs, or TIPS, the security must be transferred to a financial institution or brokerage firm.

If a decedent's estate is involved, this form may NOT be used in the following cases:

- The decedent's estate was formally administered through the court and has been closed (use FS Form 5394).
- The decedent's estate is being settled in accordance with State statute such as Summary Administration, Small Estates Acts, Texas Muniment of Title, Louisiana Judgment of Possession, etc., without the necessity of the court appointing an administrator, executor, or similar legal representative (use FS Form 5394).

Part A Account and Transaction Information (Complete this part for ALL transactions.)

- 1. TreasuryDirect Account Information** – Provide the TreasuryDirect account number, account name, and Taxpayer Identification Number (Social Security Number or Employer Identification Number).
- 2. Transactions Requested** – Mark the appropriate box to show the type of transaction requested. You can mark more than one box, if multiple transactions are requested.
- 3. Capacity of Applicant(s)** – Mark the box that best describes the capacity in which you are acting. You can check more than one box, if applicable. **Provide any necessary evidence, as described below:**

| <i>If you check this box . . .</i> | <i>then you must also provide this evidence . . .</i> |
|--|--|
| Individual Account Owner or parent of a minor account owner, and the security is a restricted, converted security | If the non-converting coowner or beneficiary is deceased, a certified copy of his or her death certificate. |
| Entity Account Manager | A copy of the evidence that establishes your authority to request the transaction. If filed with a court, the evidence must be under court seal. For example: copy of trust, corporate resolution, letters of appointment, death certificate, etc., as applicable. |
| Surviving secondary owner or beneficiary including non-converting coowner or beneficiary | A certified copy of the decedent's death certificate. |
| Legal representative | A certified copy of your letters of appointment, dated within one year of submission. |
| Legal guardian | A certified copy of your letters of appointment, dated within one year of submission. |
| Person(s) entitled as shown on FS Form 1455 | A certified copy of the legal representative's or legal guardian's letters of appointment dated within one year of submission, certified copies of death certificates for all deceased registrants, and a FS Form 1455 showing distribution. |
| Attorney-in-fact | A copy of the power of attorney document, containing the grantor's signature and witnessed or certified in accordance with applicable State law. |
| Person(s) entitled through judicial proceedings <i>(The persons shown to be entitled are making this request in connection with a legal proceeding or court order [such as divorce decree, court-approved property settlement agreement, levy, money judgment, bankruptcy proceeding] involving the owner/primary owner of the securities in TreasuryDirect.)</i> | A certified copy of the court approved document authorizing the transaction. |

| | |
|--|--|
| Person(s) entitled to decedent's estate as shown on FS Form 5336 | A certified copy of the decedent's death certificate and properly completed FS Form 5336 showing distribution. |
| Other | A copy of the evidence that establishes your authority to request the transaction. If filed with a court, the evidence must be under court seal. |

Part B Redeem EE or I Savings Bonds Held in TreasuryDirect

1. Description of Savings Bonds – Check either the box to redeem all savings bonds or the box to redeem only some of your savings bonds. If you are redeeming only some, list the confirmation number for each savings bond you are asking us to redeem. Check the third box if you want to redeem your C of I, and state the amount you want to redeem.

Important Notices

- Only original signatures will be accepted (stamped signatures are not acceptable).
- If you are a corporation with a governing body, a resolution or a FS Form 1010 must accompany this form.
- If any person signing this form is acting in a fiduciary capacity, failure to provide legal evidence may delay processing.

This form will not be accepted with alterations or corrections.

2. Payee Information – Furnish the name and taxpayer identification number of the payee. Furnish the Social Security Number if the payee is an Individual. If payment is being requested to an estate and the IRS has assigned an Employer Identification Number, provide that number.

3. Direct Deposit Instructions – Furnish information on the bank account where the payment is to be direct deposited. All payments must be made by direct deposit to a designated bank account.

All persons requesting redemption must sign in Part F of the form. If payment is to be deposited to a bank account in the name of a different person, then that person or his or her representative, who can authorize such a deposit, must also sign in Part F.

Parts C-1 and C-2 Transfer Securities

Part C-1 – Transfer Securities from One TreasuryDirect Account to Another TreasuryDirect Account

1. Description of Securities – Check the box to transfer all securities or list the confirmation number for each security to be transferred. Series EE and Series I **savings bonds** may not be split. Each savings bond must be transferred in its entirety. **Marketable securities** may be transferred in full or in increments of \$100. For each marketable security listed, indicate whether you are requesting transfer in full or in part by checking the appropriate box in the column next to the security confirmation number. If you don't check either box, we'll assume transfer in full.

NOTE: The amount to be transferred and the amount remaining in the CUSIP must satisfy both the minimum and multiple holding requirements for the security.

2. Transfer Instructions:

- **TreasuryDirect Account Number** – Enter the number of the account to which the securities are being transferred. If you are the legal representative of a decedent's estate transferring securities to the person entitled, and he/she does not have a TreasuryDirect account and does not wish to open one, show "none" in the space for the account number.
- **TreasuryDirect Account Name** – Enter the account name or the name of the person entitled.
- **Taxpayer Identification Number** – Enter the Taxpayer Identification Number (Social Security Number or Employer Identification Number) of the Individual or Entity entitled.
- **Mark this Box.** If you don't mark this box, we will assume the transfer is neither between spouses nor incident to a divorce.

3. Tax Liability Notice – Carefully read this section before completing Item 4.

4. Tax Liability Statement – After reading the Tax Liability Notice in Item 3, you must mark box "a" or "b" in Item 4. Mark box "a" if you will be treated as the owner of the portion of the trust represented by the tax-deferred accumulated interest on the bonds being transferred. Mark box "b" if you will NOT be treated as owner of the portion of the trust represented by the tax-deferred accumulated interest on the bonds being transferred. "Interest" includes tax-deferred interest earned on EE or I bonds from the issue date until the date of transfer.

Part C-2 – Transfer Treasury Bills, Notes, Bonds, FRNs, or TIPS from TreasuryDirect to a Financial Institution or Brokerage Firm for Safekeeping or Sale

1. Description of Securities – Check the box to transfer all securities or list the confirmation number for each security that you are requesting transfer of in whole or in part. For each security listed, indicate whether you are requesting transfer in full or in part by checking the appropriate box in the column next to the security confirmation number; if you don't check either box, we will assume transfer in full.

If partial transfer is requested, check the appropriate box and specify the amount you are requesting be transferred. Enter only the amount being transferred (in \$100 increments) and list the confirmation number. **NOTE: The amount to be transferred and the amount remaining in the CUSIP must satisfy both the minimum and multiple holding requirements for the security.**

2. Transfer Instructions – Contact the financial institution for its book-entry delivery instructions. **Please note: Securities CANNOT be transferred to a checking or savings account.** Provide the following information:

- **Routing Number** – ABA (identification) number of the financial institution receiving the securities.
- **Financial Institution Wire Name** – The institution's book-entry delivery instructions. Instructions include the receiving bank's name and safekeeping account number OR the receiving bank's name and the brokerage firm's name (these must be in the approved telegraphic abbreviation "short" form).
- **Agent or Broker Name, Phone Number, Address.**
- **Special Handling Instructions** – The customer name and account number at the financial institution for delivery of securities and any other instructions required by your financial institution.
- **Mark this Box.** If you don't mark this box, we will assume the transfer is neither between spouses nor incident to a divorce.

Examples: **To a financial institution for safekeeping:**

Routing Number: XXXXXXXXX
Financial Institution Wire Name: ABC BK/TRUST
Special Handling Instructions: FURTHER CREDIT TO JOHN DOE
TRUST ACCOUNT NUMBER XXXXXX

To a financial institution for transfer to a brokerage firm:

Routing Number: XXXXXXXXX
Financial Institution Wire Name: ABC/CUST/BRKG
Special Handling Instructions: FURTHER CREDIT TO JOHN DOE
BROKERAGE ACCOUNT NUMBER
XXXXXX

Note: All scheduled reinvestments will be cancelled at the time of transfer.

Parts D-1 and D-2 Edit the Registration of Securities Held in TreasuryDirect or Consent to Change the Entity Account Manager of a TreasuryDirect Account

Part D-1 – Edit the Registration of Securities Held in TreasuryDirect

- 1. Description of Securities** – Check the box to edit the registration of all securities or describe the securities on which you want to edit the registration.
- 2. New Registration Requested** – Provide the complete name and Social Security Number of the owner/primary owner. The account owner must be named as the owner/primary owner in the registration of the securities held in his or her TreasuryDirect account. If a secondary owner or beneficiary is to be shown in the registration, check the appropriate box and provide the name and Social Security Number of the person to be shown as the secondary owner or beneficiary.

Part D-2 – Consent to Change the Entity Account Manager of a TreasuryDirect Account

- **Name of the Entity Account Manager consenting to the change** – Enter the name of the currently acting Entity Account Manager.
- **TreasuryDirect Entity Account Name** – Enter the name of the Entity (i.e., trust, partnership, corporation, deceased estate) as it appears on the TreasuryDirect account.
- **Name of the new Entity Account Manager** – Enter the name of the individual who will be acting as the new Entity Account Manager.
- Sign the form in Part F in ink, in the presence of an authorized certifying officer.

The new Entity Account Manager will need to provide his or her personal information on Part E-3 of FS Form 5446 and join in signing the form in Part F in the presence of an authorized certifying officer.

Parts E-1, E-2, and E-3 Change or Correct Account Information or Entity Account Manager Information

Part E-1 – Change or Correct an Individual Account Information

The following information must be provided by the Individual Account Owner

- 1. Change an Individual Account Owner's Name** – Complete this item if the account owner's name has changed by marriage, divorce, adoption, naturalization, court order, or some other valid reason. Indicate the manner by which the name changed and furnish the account owner's new legal name. Evidence may be required.
- 2. Correct an Individual Account Owner's Name** – Complete this item if an error was made in the account owner's name when the TreasuryDirect account was established. Furnish the account owner's correct legal name.
- 3. Correct an Individual Account Owner's Social Security Number** – Complete this item if an error was made in the account owner's Social Security Number when the TreasuryDirect account was established. Furnish the account owner's correct Social Security Number.
- 4. Correct an Individual Account Owner's Date of Birth** – Complete this item if an error was made in the account owner's date of birth when the TreasuryDirect account was established. Furnish the account owner's correct date of birth.

Part E-2 – Change or Correct Entity Account Information

The following information must be provided by the Entity Account Manager

- 1. Change Entity Account Name** – Complete this item if the name of the Entity has changed. Provide an explanation for the name change.
- 2. Correct Entity Account Name** – Complete this item if the Entity Account name has been entered incorrectly.
- 3. Correct Taxpayer Identification Number** – Complete this item if the taxpayer identification number for the Entity was entered incorrectly.

Change or Correct Current Entity Account Manager Information

The following information must be provided by the Entity Account Manager

- 1. Change Entity Account Manager's Name** – Complete this item if the Entity Account Manager's name has changed by

marriage, divorce, adoption, naturalization, court order, or some other valid reason. Indicate the manner by which the name changed and furnish the Entity Account Manager's new legal name. Evidence may be required.

- 2. Correct Entity Account Manager's Name** – Complete this item if an error was made in the Entity Account Manager's name when the TreasuryDirect account was established. Furnish the Entity Account Manager's correct legal name.
- 3. Correct Entity Account Manager's Social Security Number** - Complete this item if an error was made in the Entity Account Manager's Social Security Number when the TreasuryDirect account was established. Furnish the Entity Account Manager's correct Social Security Number.
- 4. Correct Entity Account Manager's Date of Birth** - Complete this item if an error was made in the Entity Account Manager's date of birth when the TreasuryDirect account was established. Furnish the Entity Account Manager's correct date of birth.

Part E-3 – Change Entity Account Manager – New Manager Information

The following information must be provided by the new Entity Account Manager

- 1. Account Manager Name** – Enter the new Entity Account Manager's full name including suffix, if appropriate.
- 2. Taxpayer Identification Number** – Enter the new Entity Account Manager's Social Security Number.
- 3. Date of Birth** – Enter the new Entity Account Manager's date of birth.
- 4. Street Address** – Enter the new Entity Account Manager's home street address.
- 5. City/State/Zip Code** – Enter the new Entity Account Manager's home address city, state and zip code.
- 6. Phone** – Enter the home, work and cell telephone number for the new Entity Account Manager.
- 7. Driver's License/State ID Number** – Enter the driver's license or state ID number, including the issuing state and expiration date, for the new Entity Account Manager.
- 8. E-mail Address** – Enter the e-mail address the new Entity Account Manager wishes to use to communicate with TreasuryDirect. This e-mail address will be used for important messages from the TreasuryDirect system and for communication from within the TreasuryDirect account.
- 9. Mailing Address** – Indicate the mailing address TreasuryDirect Customer Service should use if it is necessary to mail correspondence to the new Entity Account Manager by postal mail.

The new Entity Account Manager must sign the form in Part F in the presence of an authorized certifying officer.

Part F Signatures and Certifications (Complete this part for ALL transactions.)

Signatures/Certifications – Each applicant must appear before and establish identification to the satisfaction of an authorized certifying officer and sign the application in the officer's presence. The officer must then complete the certification form provided and imprint the seal or stamp required in certifying requests. For certifications within the United States, the certifying officer must be authorized to bind his or her institution by his or her acts and guarantee signatures to assignments of securities or certify assignments of securities. Certification by a notary isn't acceptable.

If you are a parent of a minor account owner, your signature certifies that you are requesting the transaction on the minor's behalf, for the minor's benefit.

Acceptable seals and stamps:

- The financial institution's official seal or stamp, including: Signature Guaranteed seal or stamp; Endorsement Guaranteed seal or stamp; Corporate seal or stamp (a corporate resolution isn't required); or Issuing or paying agent seal or stamp (including name, location, and four-digit identification number or nine-digit routing number).
- The seal or stamp of Treasury-recognized Signature Guarantee Programs or other Treasury-approved Medallion Programs.

Sample certification for a financial institution:

SIGNATURE GUARANTEED
ABC National Bank
Hillview Branch

Authorized Signature

Acceptable certification for a brokerage:

SIGNATURE GUARANTEED
MEDALLION GUARANTEED
Generic Brokerage

Authorized Signature

XXXXXXXX

SECURITIES TRANSFER AGENTS MEDALLION PROGRAM

[Bar Code]

Additional Evidence – The Commissioner of the Fiscal Service, as designee of the Secretary of the Treasury, reserves the right, in any particular case, to require the submission of additional evidence.

Assembly of Form – Complete and submit only the parts of the form that apply to the transaction(s) requested. Parts A and F must be completed and submitted for all transactions. Multiple copies of any part may be completed and submitted together, if necessary. Attach all completed parts together, in alphabetical order.

Where To Send – Send all completed parts of the form, as well as any other forms and evidence, to the address below. Legal evidence or documentation you submit cannot be returned.

Treasury Retail Securities Site
PO Box 7015
Minneapolis, MN 55480-7015

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; as otherwise authorized by law or regulation.

We estimate it will take you about 30 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 the completed form to this address; send to the address shown in "Where To Send" in the Instructions.**

National banks will have a medallion agent, trained by the UST to be authorized to sign this stuff; there should be one agency in every county in one of the banks and they are obligated with no cost. It might be a yellow highlight with a green box and they fill in red in the box, there is no mistaking what they are doing this is high security paperwork, exactly what the counties have been doing all these years by using your SS and on your taxes behind the scenes without you knowing about it, they call it administrative probating of these accounts behind the scenes.

This is so secret but was supposed to be available to all of us to settle debts, they got wise and wanted to pocket as much as they could and made us a bunch of idiots but now there is full disclosure and there is no need to hide it under national security anymore. All of this is real and it is amazing how much had to be done to overthrow all of that. It is just amazing.

What we have located is that the wire transfer that comes out of your SS is put into the FR and they have a window where they discharge the funds coming out of your SS account as being the bank source. The banks have a relationship with the county, the county is the ?? and the bank is the trustee, the wire transfer is escrow and the banks are creating an escrow account for 30 years and forcing you to make payments to the same money taken out of the SS account. And guess who the investors are? The county.

This becomes a really bad situation bc/ the trustees in a trust... can foreclose because of missed payments to the investors. What the banks are servicing is they are maintaining and managing the escrow which is the principal amount of money withdrawn from your SS account and use that as a peg of collateral which both bank and county are hypothecating and using as a 3rd party investment out on the open market, it deserves interest and royalty. When they foreclose on you they take your house and set the trap for they next victim, ripping you off from funds taken out of your SS account. They also bond everything, everything in commerce is bonded individually, they have compound bonding all the way up to the investment, when they fail they collect on that, they cannot lose, it is RICO racketeering at its finest, you are the victim that is depositing trillions into their retirement.

FS5179

Legacy Treasury direct security
transfer request

It is a very simple form, you are putting your legacy account if you have one otherwise you are setting up the account name which will be the all-caps name and make sure you put estate on it, do not make the mistake of not putting estate on it, what you are doing is welding these into a new entity, you want to seal it, I am not sure if they are going to destroy the old SS number, it is not terminated until 15 years after your death certificate was issued. You can change the status by sealing it, making it prohibited by any further use by any 3rd party intervener, it has to have your signature with the full disclosure of all terms and conditions with a contract that is notarized by all parties. When you put your all-caps name with estate behind it you are well on your way to at least get the paperwork with the UST done before you do your will or your declaration of status and classification.

With this one here, line 2 securities identification and amounts, I did not have the information I merely checked off the box transfer all securities. And here again internal transfer to another legacy internal account and you don't have that number you need a new number but check that box if that is what you want to do, you can do any or all of this, this is what I determined was the proper way for me.

The next box transfer to online treasury direct, I put that, the old SS account I put there so I could have immediate access to the funds. The account name would be all-upercase estate. At the very bottom of line 3 first name unsecured SS number, and the new estate number is the estate EIN. External transfer to financial institution. I would give the old routing number of the bureau of public debt or the NY FRB until the UST issues one of their own preference. At least they are familiar if I was to do an ACH I would use this information. I will not wait for them to issue cards.

And it has space for a treasury medallion stamp at the bottom.

Legacy Treasury Direct® Security Transfer Request



SEE INSTRUCTIONS -TYPE OR PRINT IN INK ONLY - NO ALTERATIONS OR CORRECTIONS

1. Legacy Treasury Direct ACCOUNT INFORMATION

Legacy Treasury Direct ACCOUNT NUMBER: _____

ACCOUNT NAME

FOR DEPARTMENT USE

DOCUMENT AUTHORITY

APPROVED BY

DATE APPROVED

2. SECURITIES IDENTIFICATION AND AMOUNT

CHECK THE BOXES WHICH APPLY AND PROVIDE THE INFORMATION REQUESTED.

Transfer **ALL** my securities for the above Legacy Treasury Direct account.

Transfer my securities totaling \$ _____ from the CUSIPs below. (Additional forms are required for more than 10 CUSIPs.)

| CUSIP | AMOUNT | Department Use Reference Number | CUSIP | AMOUNT | Department Use Reference Number |
|-------|----------|---------------------------------|-------|----------|---------------------------------|
| _____ | \$ _____ | _____ | _____ | \$ _____ | _____ |
| _____ | \$ _____ | _____ | _____ | \$ _____ | _____ |
| _____ | \$ _____ | _____ | _____ | \$ _____ | _____ |
| _____ | \$ _____ | _____ | _____ | \$ _____ | _____ |

Transfer \$ _____ of my holdings for CUSIP number _____

(If you are NOT transferring all of your holdings for this CUSIP, you must also list the specific sub-accounts and amounts to be transferred below. This information is shown on your Legacy Treasury Direct *Statement of Account*.)

| SUB-ACCOUNT | AMOUNT | SUB-ACCOUNT | AMOUNT | SUB-ACCOUNT | AMOUNT |
|-------------|----------|-------------|----------|-------------|----------|
| _____ | \$ _____ | _____ | \$ _____ | _____ | \$ _____ |

3. TRANSFER INSTRUCTIONS

CHECK ONE BOX ONLY AND PROVIDE THE INFORMATION REQUESTED FOR THE TRANSFER.

INTERNAL TRANSFER TO ANOTHER Legacy Treasury Direct ACCOUNT NUMBER

Legacy Treasury Direct ACCOUNT NUMBER _____

ACCOUNT NAME

NOTE: This must be an existing account; new accounts aren't available.

Identify the Legacy Treasury Direct account to which you want your securities transferred.

TAXPAYER IDENTIFICATION NUMBER (IF AVAILABLE)

First-Named Owner _____ OR _____
Social Security Number Employer Identification Number

TRANSFER TO AN ESTABLISHED ONLINE TreasuryDirect ACCOUNT NUMBER

TreasuryDirect ACCOUNT NUMBER _____ (May be established at www.treasurydirect.gov.)

ACCOUNT NAME

Identify the TreasuryDirect account to which you want your securities transferred.

TAXPAYER IDENTIFICATION NUMBER (IF AVAILABLE)

First-Named Owner _____ OR _____
Social Security Number Employer Identification Number

EXTERNAL TRANSFER TO A FINANCIAL INSTITUTION

NOTE: Failure to provide any of the following information could delay the transfer. See instructions before completing.

ROUTING NUMBER: _____

FINANCIAL INSTITUTION WIRE NAME: _____

AGENT or BROKER NAME: _____ PHONE NO. _____

AGENT or BROKER ADDRESS: _____

SPECIAL HANDLING INSTRUCTIONS: _____

4. AUTHORIZATION

YOU MUST WAIT UNTIL YOU ARE IN THE PRESENCE OF A CERTIFYING OFFICER TO SIGN THIS FORM. IF THERE ARE TWO OWNERS JOINED BY THE WORD "AND," BOTH MUST SIGN.

I/We submit this transfer request pursuant to the provisions of Department of the Treasury Circulars, Public Debt Series Nos. 2-86 (31 CFR Part 357) and 1-93 (31 CFR Part 356).

Under penalties of perjury, I/we certify that the information provided on this form is true, correct, and complete.

| | | |
|------------------------|-------------------------------|----------------------------|
| _____ | _____ | _____ |
| Signature | Title (if appropriate) | Telephone (Daytime) |
| _____ | _____ | |
| Signature | Title (if appropriate) | |
| _____ | | _____ |
| Mailing Address | | E-mail Address |

5. CERTIFICATION

YOUR SIGNATURE MUST BE CERTIFIED BY AN AUTHORIZED CERTIFYING OFFICER.

Instructions to Certifying Officer:

- 1. Name of person(s) who appeared and date/place 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 proven to me,
Name(s) of Person(s) Who Appeared

personally appeared before me this _____ day of _____ in the year _____
Month Year

at _____, and signed this request.
City / State

Signature and Title of Certifying Officer

Name of Financial Institution

Address

City / State / ZIP Code

Telephone

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.**

Certification by a Notary is NOT Acceptable.

INSTRUCTIONS

PURPOSE

You may use this form to request the **transfer of securities** from a Legacy Treasury Direct account to:

- another Legacy Treasury Direct account, or
- an online TreasuryDirect account, or
- a designated account at a financial institution.

IMPORTANT NOTICES

- **This form must be signed.** Only original signatures and forms will be accepted (stamped signatures are not acceptable).
- Unless all the required information is provided legibly, there may be a delay in processing your request. To avoid delays, read the instructions carefully and **print clearly in ink only.**
- **TRANSFER REQUESTS WILL NOT BE ACCEPTED WITH ALTERATIONS OR CORRECTIONS.**

1. Legacy Treasury Direct ACCOUNT INFORMATION

Print your Legacy Treasury Direct ACCOUNT NUMBER and the ACCOUNT NAME (registration) as stated on your Legacy Treasury Direct *STATEMENT OF ACCOUNT*.

2. SECURITIES IDENTIFICATION AND AMOUNT

Check the boxes which apply and provide the information requested. ALL REQUIRED INFORMATION IS LISTED ON YOUR Legacy Treasury Direct *Statement of Account*.

To transfer **ALL** the securities in the Legacy Treasury Direct account listed in Section 1, check the first box.

To transfer one or more securities in your Legacy Treasury Direct account, check the second box, enter the total dollar amount of the securities being transferred, and list the CUSIP numbers and amounts.

AMOUNT - The total par for the CUSIP.

CUSIP - The number (for example, 912795XXX) that identifies the securities to be transferred (located under the heading "Security" on your *Statement of Account*).

To transfer a portion of one security in your Legacy Treasury Direct account, check the third box, enter only the amount being transferred, and list the CUSIP number. To transfer security sub-account(s), enter the sub-account number(s) and dollar amount(s) to be transferred. **THE AMOUNT TO BE TRANSFERRED AND THE AMOUNT REMAINING IN THE CUSIP MUST SATISFY BOTH THE MINIMUM AND MULTIPLE HOLDING REQUIREMENTS FOR THE SECURITY.**

3. TRANSFER INSTRUCTIONS

(Choose One Option Only)

INTERNAL TRANSFER TO ANOTHER Legacy Treasury Direct ACCOUNT

Check the box to transfer your securities to another Legacy Treasury Direct account number. The transfer must be to an existing account; new accounts aren't available.

- Legacy Treasury Direct ACCOUNT NUMBER - Enter the number of the account to which the securities are being transferred.
- ACCOUNT NAME - Enter the ACCOUNT NAME (registration) as shown on the transferee's Statement of Account.
- TAXPAYER IDENTIFICATION NUMBER - If available, enter the TAXPAYER IDENTIFICATION NUMBER used on the account to which the securities are to be transferred.

TRANSFER TO AN ONLINE TreasuryDirect ACCOUNT

Check the box to transfer your securities to an online TreasuryDirect account number.

- TreasuryDirect ACCOUNT NUMBER - Enter the number of the account to which the securities are being transferred. If a new account has not yet been established, you can establish one at www.treasurydirect.gov.
- ACCOUNT NAME - Enter the ACCOUNT NAME (registration) as shown on the online TreasuryDirect account.
- TAXPAYER IDENTIFICATION NUMBER - If available, enter the TAXPAYER IDENTIFICATION NUMBER used on the account to which the securities are to be transferred.

EXTERNAL TRANSFER TO A FINANCIAL INSTITUTION

Check the box to transfer your securities to a financial institution for safekeeping or sale. Contact the financial institution for their "Book-Entry" delivery instructions. **Please note: Securities CANNOT be transferred to a checking or savings account.** Provide the following information:

- ROUTING NUMBER - ABA (identification) number of the financial institution receiving the securities.

- FINANCIAL INSTITUTION WIRE NAME - Provide the financial institution's "Book-Entry" delivery instructions. Instructions include the receiving bank's name and safekeeping account number OR the receiving bank's name and the brokerage firm's name (these must be in the approved telegraphic abbreviation "short" form).
- AGENT/BROKER NAME, PHONE NUMBER, ADDRESS
- SPECIAL HANDLING INSTRUCTIONS - The customer name and account number at the financial institution for delivery of securities; any other instructions required by your financial institution.

Examples: To a financial institution for safekeeping:

Routing Number: XXXXXXXXX
 Financial Institution Wire Name: ABC BK/TRUST
 Special Handling Instructions: FURTHER CREDIT TO JOHN DOE
 TRUST ACCOUNT NUMBER XXXXXX

To a financial institution for transfer to a brokerage firm:

Routing Number: XXXXXXXXX
 Financial Institution Wire Name: ABC/CUST/BRKG
 Special Handling Instructions: FURTHER CREDIT TO JOHN DOE
 BROKERAGE ACCOUNT NUMBER XXXXXX

4. AUTHORIZATION

Sign the request in the presence of an authorized certifying officer. Identification may be required. Remember, if there are two owners joined by the word "and," both must sign (for example, John Doe and Mary Doe). In case there are questions about this transfer, please provide a mailing address, daytime telephone number, and, if applicable, e-mail address.

5. CERTIFICATION

Certification of your signature is required. Acceptable certifying officers include authorized employees of insured depository institutions and corporate central credit unions. Brokers must use a medallion stamp. Certification date and address of financial institution or broker is required. **Please note: Certification by a notary public is NOT acceptable.**

Sample certification for a financial institution:

SIGNATURE GUARANTEED
 ABC National Bank
 Hillview Branch

 Authorized Signature

Acceptable certification for a brokerage:

SIGNATURE GUARANTEED
 MEDALLION GUARANTEED
 Generic Brokerage

 Authorized Signature
 XXXXXXXX
 SECURITIES TRANSFER AGENTS MEDALLION PROGRAM
 [Bar Code]

WHERE TO SEND

If requesting a transfer to another **Legacy Treasury Direct** account or to a **financial institution**, mail this form to Treasury Retail Securities Site, PO Box 9150, Minneapolis, MN 55480-9150.

If requesting a transfer to an online **TreasuryDirect** account, mail this form to Treasury Retail Securities Site, PO Box 7015, Minneapolis, MN 55480-7015.

To ensure timely processing, this form must be received at least ten business days in advance of:

- the **maturity date** of the security
- an **interest payment date** for the security

CONTACT

Call us toll-free in the United States at 844-284-2676. Outside the U.S.? Call us at 304-480-6464.

CONFIRMATION OF THE TRANSFER

You will receive a Legacy Treasury Direct Statement of Account after your securities have been transferred. Under certain circumstances, there may be a hold on the account and a statement won't be mailed.

NOTICE UNDER THE 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; 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 completed form to this address; send to the appropriate address shown in "WHERE TO SEND" in the Instructions.**

FS 5188
OMB 1505-0170

Release of Blocked Funds

This is the request for you to get licensed up at the Office of Foreign Assets Control (OFAC), they have the address where this form is to be sent which is the same as the other forms, put in the business name as the all-caps name, put your name first/last, street address...

I did put something in the detailed explanation, it was a summary of executable orders which I had at the bottom of my affidavit, in my case it was a testimony, in my case I had orders that I cut and pasted into this blank section on the very bottom and there is more space down below that.

You have to sign this in front of the officer but they don't have to do a medallion, they will assume that it is one and the same under the bank witness bc/ it is included with the other PW.

In this particular document where it actually says SS or employer's number, what I did is put my SSN and put and/or my private bank number for the estate, so that would be part B right down below the number 1 where it asks for SS or EIN. The reason for this is you are requiring the UST as to withdraw the stocks, bonds from the public and ask them to place that into a special private depository, that is the reason they have to have what you are launching from and what you are going to get to and that is what Patrick taught about getting the EIN for the private banker, you are going to be closing out the old SSN and transferring the wealth into the private banker's number.

If you look at line 2 on this form, it says securities: birth registration, ss account, DL, and other titles of nobility, enumerating the accounts without any CUSIPs. You want the private banker authority, not to spend time looking up CUSIPs. I am not trying to cut corners here, but instead of paying a securities broker to look this stuff up and get the CUSIPs, it takes up time and money. The full audit is coming, I do not spend too much time on this document, it allows them to see that you are one and the same as a private attorney, what they are looking for is the SS, BC, DL, titles of nobility.

What you are going to do, is put the principal heir the original birth name hereby appoints the upper/lower case name as attorney in fact. What you are doing is principal heir, use principal heir on behalf of the all-caps name bc/ congress has already decided that these accounts are considered civilly dead and they cannot act on their own, principal heir because you are first in line, indisputable in a court of law that you are not one and the same, unless the dead entity is a benefit to you...

Below that is who becomes the assignee of the POA. You have to watch the words, these are very important, so just understand that the upper and lower case name living entity is swearing into an office on behalf of these accounts, that is the thinking. The office of POA is just that, it is a public office that is recognized by all government entities, and when you are filling that, some of the PW you ought to be doing for probate is swearing into an oath that you will under the original organic laws on the land, anything you want to do, but it has to be on the land that you are swearing that you will protect the estate at all costs within the parameters of the original organic laws of the united states, that would be a separate piece of paper you would have to do to be combined with any other statutory authorized form you should always have a copy of your generic common law oath attached to it.

Authorities at the bottom I checked off A,B, and C. It gives you an ACH process on this form... "purchases by ACH or any other authorized payment"... "will not be liable for any loss made by your attorney in fact". That gives it to you right there. The second page: signatures. The grantor, "on behalf of" or "authorized personal representative", you do not have to put your name, I would put upper/lower name to match up to your signatures on your will and your probate foundational PW.

Each one has to be qualified as to be uniform to each one of your documents. Then you should put in your email, telephone number, your new EIN that you are authorized to function off of, that new one is replacing the old so it is going to this POA as to your authorization to receive the duties and obligations of the new private banker's EIN that all the other unsecured assets have been merged into.

THAT ENTITY EIN, SHOULD IT BE FOREIGN?

There may be some exceptions of using that like when I created the peoples university that is an international entity. It depends on what you are trying to do, if you are just trying to leave in peace then use a generic private banker number like what Patrick was teaching but in special situations that require you to get a 98-series a foreign trust to completely acknowledge you are not a domestic entity, it just depends on what you want to accomplish, not everyone's paperwork will be the same. Don't go filling in these blanks just because they are blank, some of the stuff does not apply to you on these forms.

INSTRUCTIONS

WHERE A WIRE TRANSFER HAS BEEN BLOCKED AT A U.S. FINANCIAL INSTITUTION DUE TO U.S. GOVERNMENT SANCTIONS, A PARTY TO THE TRANSFER MAY APPLY FOR RELEASE OF THE FUNDS.

- COMPLETE ALL APPLICABLE SECTIONS. **FAILURE TO PROVIDE ADEQUATE INFORMATION MAY RESULT IN YOUR APPLICATION BEING RETURNED WITHOUT ACTION.**
- ATTACH COPIES OF ANY DOCUMENTS RELATED TO THE UNDERLYING TRANSACTION (E.G. INVOICES, BILLS OF LADING, PHOTOCOPY OF THE ORIGINAL PAYMENT OR TRANSFER INSTRUCTIONS, COPIES OF GOVERNMENT-ISSUED IDENTIFICATION SUCH AS PASSPORT, TEMPORARY/PERMANENT RESIDENT CARD, BIRTH CERTIFICATE, OR OTHER IDENTIFYING DOCUMENTATION).
- ALL DOCUMENTS MUST BE IN ENGLISH OR INCLUDE AN ENGLISH TRANSLATION.
- MAIL THE COMPLETED AND SIGNED APPLICATION, TOGETHER WITH ACCOMPANYING DOCUMENTATION AND TWO ADDITIONAL COPIES OF THE ENTIRE SUBMISSION, TO: **THE OFFICE OF FOREIGN ASSETS CONTROL, 1500 PENNSYLVANIA AVENUE, NW-ANNEX, WASHINGTON, D.C. 20220, ATTN: BLOCKED FUNDS APPLICATION**
- A COPY OF THIS APPLICATION AND ALL RELATED DOCUMENTATION MUST BE RETAINED BY THE APPLICANT FOR AT LEAST FIVE YEARS AFTER THE DATE OF THE UNDERLYING TRANSACTION.
- UNLESS AUTHORIZED BY OFAC, APPLICATIONS MADE BY ANY OTHER METHOD WILL NOT BE CONSIDERED.

LICENSES GRANTED PURSUANT TO THIS APPLICATION ARE SUBJECT TO THE CONDITIONS BELOW

- LICENSEES SHALL FURNISH AND MAKE AVAILABLE FOR INSPECTION ANY RELEVANT INFORMATION, RECORDS OR REPORTS REQUESTED BY THE SECRETARY OF THE TREASURY OR ANY DULY AUTHORIZED OFFICER OR AGENCY OF THE SECRETARY.
- A SPECIFIC LICENSE IS NOT TRANSFERABLE, IS LIMITED TO THE FACTS AND CIRCUMSTANCES SPECIFIC TO THE APPLICATION, AND IS SUBJECT TO THE PROVISIONS OF 31 CFR PART 501, THE RELEVANT EXECUTIVE ORDER OR PART OF 31 CFR CHAPTER V PERTAINING TO THE SANCTIONS PROGRAM UNDER WHICH THE TRANSFER WAS BLOCKED AND ANY REGULATIONS OR RULINGS ISSUED PURSUANT THERETO. A LICENSE MAY BE REVOKED OR MODIFIED AT ANY TIME AT THE DISCRETION OF THE SECRETARY OF THE TREASURY. IF A SPECIFIC LICENSE WAS ISSUED AS A RESULT OF WILLFUL MISREPRESENTATION ON THE PART OF THE APPLICANT OR HIS AGENT, IT MAY, AT THE DISCRETION OF THE SECRETARY OF THE TREASURY, BE DECLARED VOID FROM THE DATE OF ITS ISSUANCE, OR FROM ANY OTHER DATE.
- A SPECIFIC LICENSE 1) DOES NOT EXCUSE COMPLIANCE WITH ANY LAW OR REGULATION ADMINISTERED BY THE OFFICE OF FOREIGN ASSETS CONTROL OR ANOTHER AGENCY (INCLUDING REPORTING REQUIREMENTS APPLICABLE TO THE TRANSACTIONS AND ACTIVITIES THEREIN LICENSED), 2) DOES NOT RELEASE THE LICENSEES OR THIRD PARTIES FROM CIVIL OR CRIMINAL LIABILITY FOR VIOLATION OF ANY LAW OR REGULATION, AND 3) DOES NOT CONSTITUTE A FINDING OF FACT OR CONCLUSION OF LAW WITH RESPECT TO THE APPLICABILITY OF ANY LAW OR REGULATION.
- ATTENTION IS DIRECTED TO 19 U.S.C. §§ 1592 AND 1595A, 18 U.S.C. § 545, 18 U.S.C. § 1001, 50 U.S.C. APP. § 16, AND SECTION 701 ET SEQ. OF THE RELEVANT PART OF 31 CFR FOR PROVISIONS RELATING TO PENALTIES.

FOR YOUR INFORMATION

- Remitter – The person or organization that is sending the funds.
- Remitting Financial Institution – Name of the financial institution initiating the transfer on behalf of the remitter.
- Intermediary Financial Institution – A bank other than the remitter's bank or beneficiary's bank through which the transfer passes.
- Beneficiary Financial Institution – The financial institution receiving the funds on behalf of the beneficiary.
- Beneficiary – The ultimate party to be credited or paid as a result of a wire transfer.
- Hover Help – Holding the mouse cursor over the data entry portion of some fields will result in a pop-up box containing information on entering data into the field over which the mouse cursor is placed. This help also exists for the headings of each section.

WARNING!

MAKING FALSE OR MISLEADING STATEMENTS ON OR IN CONNECTION WITH THIS APPLICATION MAY CONSTITUTE SERIOUS CRIMINAL AND/OR CIVIL VIOLATIONS OF FEDERAL LAW AND MAY RESULT IN SUBSTANTIAL FINES.

PAPERWORK REDUCTION ACT STATEMENT: The paperwork requirement has been cleared under the Paperwork Reduction Act of 1985. The Office of Foreign Assets Control (OFAC) of the Department of the Treasury requires this information to be furnished pursuant to 31 CFR Part 501. The information collected will be used for U.S. Government to evaluate and process license applications submitted by applicants whose money has been blocked pursuant to OFAC sanctions. It is the policy of OFAC to protect the confidentiality of information in appropriate cases pursuant to the exemptions from disclosure provided under the Freedom of Information Act and the Privacy Act. The estimated burden associated with this collection of information is 30 minutes per respondent. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Compliance Programs Division, Office of Foreign Assets Control, Department of the Treasury, 1500 Pennsylvania Ave., N.W., Washington, D.C. 20220 and the Office of Management and Budget, Paperwork Reduction Project OMB No. 1505-0170, Washington, D.C. 20503. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid control number assigned by OMB.

Mail this application to: Licensing Division
Office of Foreign Assets Control
U.S. Department of the Treasury
1500 Pennsylvania Avenue, N.W.
Washington, D.C. 20220

Form Approved
OMB No.: 1505-0170
Expiration Date: 08/31/2012



APPLICATION FOR THE RELEASE OF BLOCKED FUNDS

It is strongly recommended that you use the computer to complete this form

TYPE OF APPLICATION **New Application** Previous Case Number (if applicable): _____

1. Blocked Amount: _____ 2. Currency Type: _____ 3. Date Blocked (mm/dd/yyyy): _____

APPLICANT/CONTACT INFORMATION

4. Business Name (if applicable): _____

5. Last Name: _____ 6. First Name: _____

7. Middle Name: _____ 8a. Street Address 1: _____

8b. Street Address 2: _____ 9. City: _____

10. **Select Country** _____ 11. **Select State** _____ 12. Postal Code: _____

13. Int'l 14. Phone:

| | | | |
|------|----------|--------|-----------|
| Area | Exchange | Number | Extension |
| | | | |

15. Int'l 16. Fax:

| | | |
|------|----------|--------|
| Area | Exchange | Number |
| | | |

17. E-mail Address: _____ 18. Principal Place of Business: _____

19. State or Country Where Business is Incorporated: _____

20. Transfer Blocked Due to the Following OFAC Sanctions Program: **Select Program** _____

IF BLOCKING OCCURRED BECAUSE THE NAME OF ANY PARTY TO THE TRANSACTION APPEARS TO MATCH A NAME ON THE SPECIALLY DESIGNATED NATIONALS (SDN) LIST, PLEASE PROVIDE INFORMATION RELATED TO THE NAME MATCH (e.g. copy of: original payment or transfer instructions, invoices, bills of lading, passport, temporary/permanent resident card, birth certificate, Employer Identification Number, passport, national ID card, incorporation document or other government-issued identifying documentation).

FINANCIAL INSTITUTION THAT BLOCKED FUNDS

21. Institution Name: _____

22. Street Address: _____ 23. City: _____

24. **Select Country** _____ 25. **Select State** _____ 26. Postal Code: _____

REMITTER'S INFORMATION

27. Business Name (if applicable): _____

28. Last Name: _____ 29. First Name: _____ 30. Middle Name: _____

31. Street Address: _____ 32. City: _____

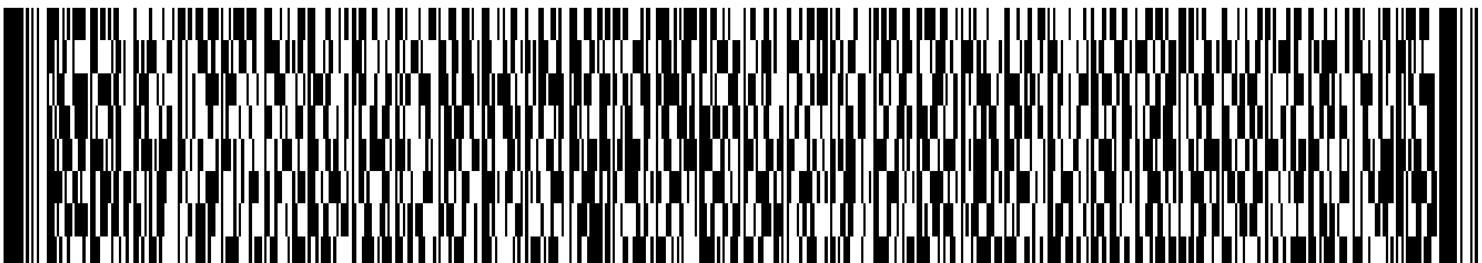
33. **Select Country** _____ 34. **Select State** _____ 35. Postal Code: _____

REMITTING FINANCIAL INSTITUTION

36. Institution Name: _____

37. Street Address: _____ 38. City: _____

39. **Select Country** _____ 40. **Select State** _____ 41. Postal Code: _____



APPLICATION FOR THE RELEASE OF BLOCKED FUNDS (cont'd)

INTERMEDIARY FINANCIAL INSTITUTION

42. Institution Name: _____
43. Street Address: _____ 44. City: _____
45. **Select Country** _____ 46. **Select State** _____ 47. Postal Code: _____

BENEFICIARY FINANCIAL INSTITUTION

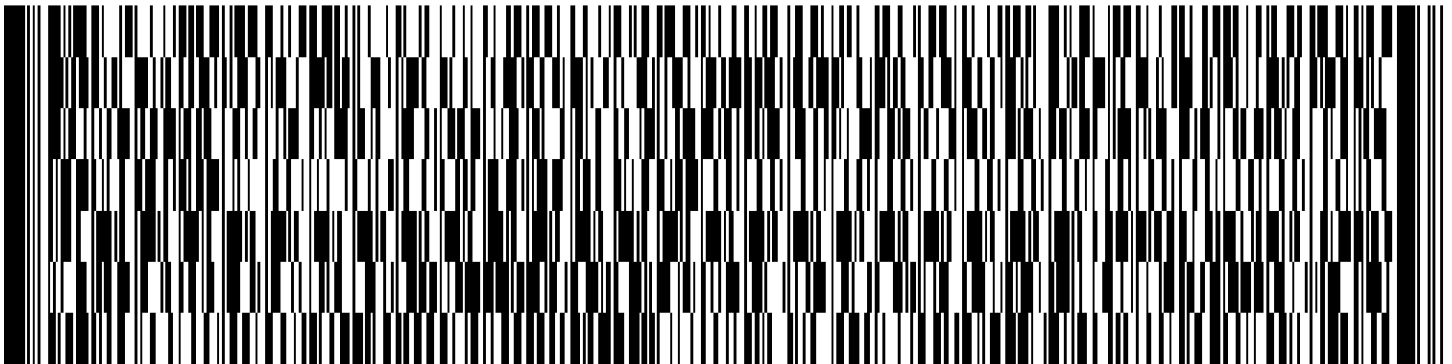
48. Institution Name: _____
49. Street Address: _____ 50. City: _____
51. **Select Country** _____ 52. **Select State** _____ 53. Postal Code: _____

BENEFICIARY'S INFORMATION

54. Business Name (if applicable): _____
55. Last Name: _____ 56. First Name: _____ 57. Middle Name: _____
58. Street Address: _____ 59. City: _____
60. **Select Country** _____ 61. **Select State** _____ 62. Postal Code: _____

63. **DETAILED** EXPLANATION OF THE TRANSACTION, INCLUDING THE PURPOSE OF THE PAYMENT (Additional space provided on next page.)

[Empty box for detailed explanation of the transaction]



APPLICATION FOR THE RELEASE OF BLOCKED FUNDS (cont'd)

64. **DETAILED** EXPLANATION OF THE TRANSACTION (cont'd)

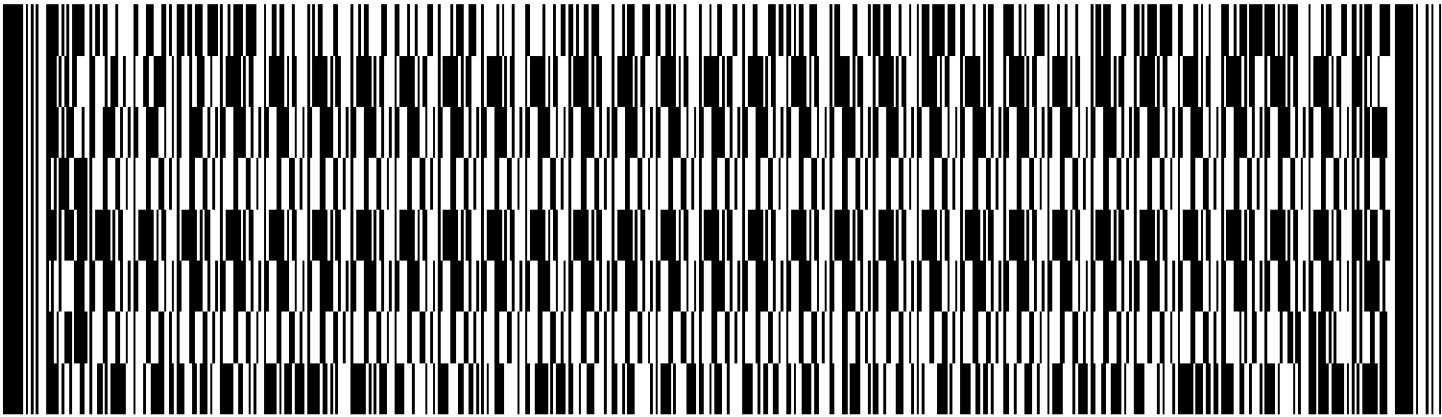
65. **APPLICANT CERTIFICATION:** I, THE UNDERSIGNED, HEREBY DECLARE THAT, TO THE BEST OF MY KNOWLEDGE, THE INFORMATION PROVIDED ON THIS APPLICATION AND ANY ACCOMPANYING DOCUMENTATION IS TRUTHFUL AND COMPLETE.

66. SIGNATURE: (please provide handwritten signature on printed application) 67. DATE: (please provide handwritten date)

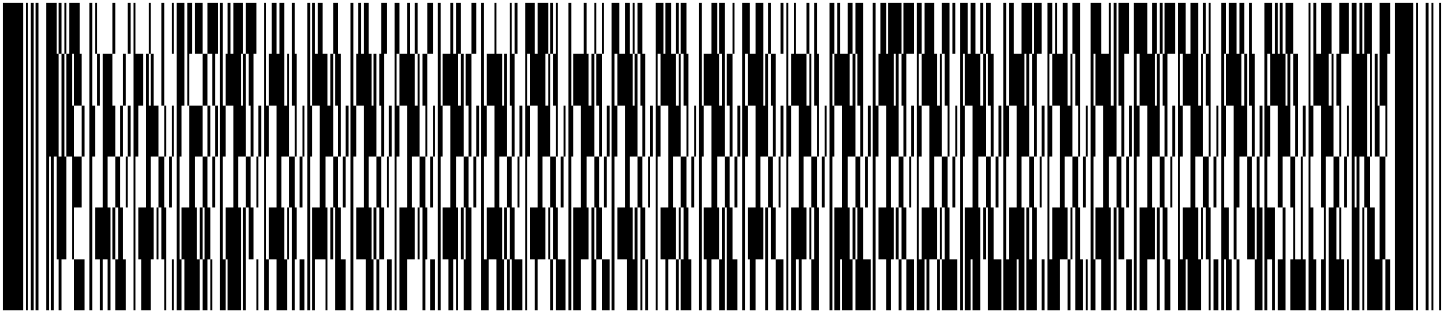
68. SIGNATORY NAME: _____ 69. SIGNATORY TITLE: _____

70. SIGNATORY E-MAIL: _____

Print Application



Total Barcode Characters: 26



Total Barcode Characters: 27