

SB-2152 (OMB Approval 1535-0111) (Revised April 2000)		AUTHORIZATION FOR PURCHASES AND REQUEST FOR CHANGE <b>UNITED STATES SAVINGS BONDS</b>		<b>Series EE</b>
DATE		PRINT OR TYPE IN INK		
EMPLOYEE'S NAME (First Name) (Initial) (Last Name)		SOC. SEC. OR EMP. PAYROLL NO.		
DEPARTMENT/AGENCY		BUREAU OR OFFICE		LOCATION
				WORK PHONE
<input type="checkbox"/> A New Allotment	<input type="checkbox"/> B Increase Allotment	<input type="checkbox"/> C Change Denomination	<input type="checkbox"/> D Change Inscription	<input type="checkbox"/> E Other Action (Describe on Reverse)
(If you checked A, B, or C above, complete the following)		AMOUNT TO BE ALLOTTED EACH PAY PERIOD*		BOND DENOMINATION (cost price)
		⇒ \$ _____		<input type="checkbox"/> \$100 <input type="checkbox"/> \$200 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 (50) (100) (250) (500)
<b>BOND INSCRIPTION Complete the following if (a) you checked A or D above; or (b) you have multiple Bond allotments</b>				
Owner's Name (First Name) (Middle Name or Initial) (Last Name)		SOCIAL SECURITY NO. (Required)		
Address {	(Number and Street)			
	(City or Town)	(State)	(Zip Code)	
<input type="checkbox"/> <b>Co-Owner</b>	<input type="checkbox"/> (First Name) (Middle Name or Initial) (Last Name)	SOCIAL SECURITY NO. (Optional)		
<input type="checkbox"/> <b>Beneficiary</b>				
* For allotment options, see your campaign volunteer or payroll office.				

<b>E. Other Action (Explain)</b>				
<p><b>Privacy and Paperwork Reduction Act Statements:</b> The Treasury Department's Bureau of the Public Debt keeps records about who owns savings bonds. Please fill in the information that applies to you so that we can issue savings bonds and keep accurate records as authorized by Title 31 of the United States Code, Chapter 31. We don't disclose any information except as authorized by law.</p> <p>We estimate it will take you about one minute to complete this form. However, you are not required to provide information requested unless a valid IMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Public Debt, Forms Management Officer, Parkersburg, WV 26106-1328.</p> <p><b>I hereby authorize the foregoing allotment from my pay for the purchase of U.S. Savings Bonds Series EE to be issued with the inscription shown on this form.</b></p> <p><b>This authorization is to remain in effect until cancelled by me in writing or termination of my employment.</b> <b>EFFECTIVE ON FIRST PAYROLL PERIOD AFTER</b></p>				
<table style="width:100%; border: none;"> <tr> <td style="border: none; width: 40%;"></td> <td style="border: none; width: 60%;"></td> </tr> <tr> <td style="border: none; text-align: center;">Date</td> <td style="border: none; text-align: center;">Employee's Signature (Must be the same as shown on payroll)</td> </tr> </table>			Date	Employee's Signature (Must be the same as shown on payroll)
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