

ORDER FOR SERIES EE U.S. SAVINGS BONDS

PLEASE FOLLOW THE INSTRUCTIONS ON THE BACK. PRINT IN CAPITAL LETTERS. SCANNABLE FORM — DO NOT WRITE OUTSIDE BOXES.

1. FULL NAME OF OWNER OR FIRST-NAMED COOWNER

Name

Social Security Number — —

2. NAME OF PERSON TO RECEIVE BONDS IF OTHER THAN THE OWNER OR FIRST-NAMED COOWNER ABOVE

Mail
to:

3. ADDRESS WHERE BONDS ARE TO BE MAILED

(NUMBER AND STREET, RURAL ROUTE, OR POST OFFICE BOX)

(CITY OR TOWN)

(STATE)

(ZIP CODE)

4. COOWNER OR BENEFICIARY (Optional) The following person is to be named as **coowner** **beneficiary:**

Name

(Coownership will be assumed if neither or both blocks are checked.)

5. BONDS ORDERED

Denom.	Quantity	Issue Price	Total Issue Price	FOR AGENT USE ONLY
\$ 50		X \$ 25.00 = \$, . 0 0	
\$ 75		X \$ 37.50 = \$, .	
\$ 100		X \$ 50.00 = \$, . 0 0	
\$ 200		X \$ 100.00 = \$, . 0 0	
\$ 500		X \$ 250.00 = \$, . 0 0	
\$ 1,000		X \$ 500.00 = \$, . 0 0	
\$ 5,000		X \$ 2,500.00 = \$, . 0 0	
\$ 10,000		X \$ 5,000.00 = \$, . 0 0	
TOTAL ISSUE PRICE OF PURCHASE			\$, .	

6. DATE PURCHASE ORDER AND PAYMENT PRESENTED TO AGENT

(MO.) (DAY) (YR.)

7. SIGNATURE

PURCHASER'S SIGNATURE

IF YOU NEED A GIFT CERTIFICATE, PLEASE
 ASK THE PERSON ACCEPTING THIS FORM TO
 PROVIDE ONE TO YOU.

PURCHASER'S NAME, IF OTHER THAN OWNER OR FIRST-NAMED COOWNER (Please print)

DAYTIME TELEPHONE NUMBER

STREET ADDRESS (If not shown above)

CITY

STATE

ZIP CODE