

For official use only:

Customer Name

Case No.

FS Form 1048 (revised December 2017)

OMB No. 1530-0021

# Claim for Lost, Stolen, or Destroyed United States Savings Bonds



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

**PRINT IN INK OR TYPE ALL INFORMATION**

## 1. DESCRIPTION OF BONDS

Describe the missing bonds in the spaces below. If you don't know the bond serial numbers, provide **all** of the information requested below and also indicate the total number of bonds that are missing.

ISSUE DATE (Specific month and year of purchase)	FACE AMOUNT	BOND NUMBER	INSCRIPTION (Provide complete Social Security Number [for example, 123-45-6789], names, including middle names or initials, and addresses [street, city, state] on the bonds. If a bond was received as a gift, provide the purchaser's Social Security Number.)

*(If you need more space, attach either FS Form 3500 (see [www.treasurydirect.gov/forms/sav3500.pdf](http://www.treasurydirect.gov/forms/sav3500.pdf)), a plain sheet of paper, or a photocopy of this section of the form.)*

## 2. DETAILS OF THE LOSS – Mark the appropriate boxes and provide complete details of the loss.

Lost

- The bonds were:  Stolen ⇒ Date of Theft: \_\_\_\_\_  
Was a police report filed?  Yes  No *If Yes, attach a copy of the report.*
- Destroyed ⇒ **Send any remaining pieces with this form.**

- When was the loss discovered? \_\_\_\_\_
- Who had the bonds last, and why? \_\_\_\_\_
- Who had access to the bonds? \_\_\_\_\_
- What was the result of your inquiry to the person(s) who had access? \_\_\_\_\_
- Where were the bonds last placed? \_\_\_\_\_
- When were the bonds last seen? \_\_\_\_\_
- Were any identification documents also lost or stolen?  Yes  No  
If **Yes**, please list them: \_\_\_\_\_

- Have you received reimbursement because of the loss?  Yes  No

Please explain, including details of any court proceedings pending or contemplated.

\_\_\_\_\_  
\_\_\_\_\_

**3. AUTHORITY – Provide details regarding your authority to complete a claim for the missing bonds.**

- Are you named on the bonds?  Yes  No If **Yes**, skip to Item 4. If **No**, provide the following information:  
Describe your authority: \_\_\_\_\_  
(Show authority: i.e., parent, guardian, conservator, legal representative, administrator, executor, etc.)
- Are you court-appointed?  Yes  No (If **Yes**, see "**LEGAL REPRESENTATIVE**" in the Instructions.)

**4. MINORS – Provide details regarding any minor named on the bonds. (See "**MINORS**" in the Instructions.)**

- Is there a minor named on the bonds?  Yes  No If **No**, skip to Item 5. If **Yes**, fully complete the following:
- What is the minor's :
  - Name? \_\_\_\_\_ ➤ DOB? \_\_\_\_\_
  - Social Security Number? \_\_\_\_\_
- What is your relationship to the minor? \_\_\_\_\_
- Does the minor live with you?  Yes  No  
If **No**, with whom? \_\_\_\_\_  
(Name) (Relationship to Minor)  
\_\_\_\_\_  
(Address)
- Who provides the minor's chief support?  
\_\_\_\_\_  
(Name) (Relationship to Minor)  
\_\_\_\_\_  
(Address)
- Are both parents able to sign the application for relief?  Yes  No  
If **Yes**, skip to Item 5. If **No**, fully complete the following:
  - Why are you unable to obtain the signature? \_\_\_\_\_
  - Did that parent have access to the bonds?  Yes  No
  - Could that parent have possession of the bonds?  Yes  No

**5. RELIEF REQUESTED – Indicate whether you want substitute bonds or payment. *NOTE: Substitute bonds can't be issued in some cases, including if a bond is within one full calendar month of its final maturity. See Item 5 in the Instructions.***

**A. Series EE or Series I Bonds**

- **I/We hereby request:**  Payment by Direct Deposit

**B. Series HH Bonds**

- **I/We hereby request:**  Substitute Paper Bonds  Payment by Direct Deposit

**6. DELIVERY INSTRUCTIONS**

**A. FOR SUBSTITUTE PAPER BONDS—SERIES HH**

**MAIL BONDS TO:**

\_\_\_\_\_ (Name)

\_\_\_\_\_ (Number and Street, Rural Route, or P.O. Box) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (ZIP Code)

**B. FOR DIRECT-DEPOSIT PAYMENT--ANY SERIES OF BONDS**

**Payee must provide a Social Security Number or Employer Identification Number:**

\_\_\_\_\_ (Social Security Number of Payee)

\_\_\_\_\_ (Employer Identification Number of Payee)

\_\_\_\_\_ (Name/Names on the Account)

Type of Account:  Checking  Savings

\_\_\_\_\_ (Depositor's Account No.)

Bank Routing No. (nine digits): \_\_\_\_\_

\_\_\_\_\_ (Financial Institution's Name)

\_\_\_\_\_ (Financial Institution's Phone No.)

**7. SIGNATURES AND CERTIFICATION**

I/We severally petition the Secretary of the Treasury for relief as authorized by law and, if relief is granted, acknowledge that the original bonds become the property of the United States. Upon the granting of relief, I/we assign all our right, title, and interest in the original bonds to the United States and bind myself/ourselves, my/our heirs, executors, administrators, successors and assigns, jointly and severally: (1) to surrender the original bonds to the Department of the Treasury if they are recovered; (2) to hold the United States harmless due to any claim by any other parties having, or claiming to have, interests in these bonds; and (3) upon demand by the Department of the Treasury, to indemnify unconditionally the United States and repay to the Department of the Treasury all sums of money which the Department may pay due to the redemption of these original bonds, including any interest, administrative costs and penalties, and any other liability or losses incurred as a result of such redemption. I/We consent to the release of any information in this form or regarding the bonds described to any party having an ownership or entitlement interest in these bonds.

I/We certify, under penalty of perjury, and severally affirm and say that the bonds described on this form have been lost, stolen, or destroyed, and that the information given is true to the best of my/our knowledge and belief.

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

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

**Home Address** \_\_\_\_\_ (Street, Rural Route, or P.O. Box) \_\_\_\_\_ (Social Security Number)

\_\_\_\_\_  
(City) (State) (ZIP Code) (Daytime Telephone Number)

Check "Yes" to give us permission to contact you by e-mail or check "No" if you do not wish to be contacted by e-mail.  Yes  No

**E-Mail Address** \_\_\_\_\_

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

**Home Address** \_\_\_\_\_ (Street, Rural Route, or P.O. Box) \_\_\_\_\_ (Social Security Number)

\_\_\_\_\_  
(City) (State) (ZIP Code) (Daytime Telephone Number)

Check "Yes" to give us permission to contact you by e-mail or check "No" if you do not wish to be contacted by e-mail.  Yes  No

**E-Mail Address** \_\_\_\_\_

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

**Home Address** \_\_\_\_\_ (Street, Rural Route, or P.O. Box) \_\_\_\_\_ (Social Security Number)

\_\_\_\_\_  
(City) (State) (ZIP Code) (Daytime Telephone Number)

Check "Yes" to give us permission to contact you by e-mail or check "No" if you do not wish to be contacted by e-mail.  Yes  No

**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. 4. Complete "RESERVED FOR IDENTIFICATION NOTATIONS" on next page and read the instructions that follow it.

I certify that \_\_\_\_\_, whose identity is known or  
(Name of Person[s] Who Appeared)  
was proven to me, personally appeared before me this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_,  
(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)

I certify that \_\_\_\_\_, whose identity is known or  
(Name of Person[s] Who Appeared)  
was proven to me, personally appeared before me this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_,  
(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)

I certify that \_\_\_\_\_, whose identity is known or  
(Name of Person[s] Who Appeared)  
was proven to me, personally appeared before me this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_,  
(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)

**RESERVED FOR IDENTIFICATION NOTATIONS**

Customer Account Number and Date Established: \_\_\_\_\_  Document(s) Description: \_\_\_\_\_

Identified by (Signature and Address): \_\_\_\_\_

**INSTRUCTIONS TO CERTIFYING OFFICER**

Each 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. Place an adequate notation above or on a separate record, showing exactly how identification was established. A notation is adequate if it is sufficiently detailed to permit, at a later date, a determination of the exact identification actually used. You and, if you are an officer or employee of an organization, the organization will be held fully responsible for the adequacy of the identification.

The signatures to the form must be executed in your presence. Fully complete and sign the certification form provided for each signature you witness.

If you are an employee (rather than an officer) authorized to certify signatures, insert the words "Authorized Signature" in the space provided for the title. Insert the place and date, as required on the form, and impress the seal of your organization.

**INSTRUCTIONS**

**PURPOSE OF FORM** – Use this form to apply for relief on account of the loss, theft, or destruction of United States Savings Bonds. "Bonds," as used on this form, refers to Savings Bonds, Savings Notes, Retirement Plan Bonds, or Individual Retirement Bonds.

**WHO MAY APPLY** – This form must be completed and signed by all persons named on the bonds, or by an authorized representative.

**ATTACHMENTS** – If you need more space for any item, attach either a plain sheet of paper, a photocopy of the relevant section, or, for Part 1, a "Continuation Sheet for Listing Securities" (FS Form 3500), available at <http://www.treasurydirect.gov/forms/sav3500.pdf>.

**PROOF OF DEATH** – If a registrant is deceased, you must submit with this form a certified copy of his or her official death certificate.

**LEGAL REPRESENTATIVE** – If you were appointed as legal representative because:

- the owner is deceased (with no surviving coowner or beneficiary named on the bonds), or
- the owner or coowner is a minor, or
- the owner or coowner is incapacitated,

complete the form and submit a court certificate or certified copy of your letters of appointment, under court seal and dated within one year of submission, showing the appointment is still in full force. If your name and official capacity are shown in the registration of the bonds, evidence of your appointment is **not** necessary.

If no legal representative has been appointed for a deceased or incompetent owner, advise the Bureau of the Fiscal Service and additional instructions will be provided.

**MINORS** – A minor (who does not have a court-appointed guardian) who is requesting payment or who is named on Series HH bonds may complete and sign the form on his or her own behalf if, in the opinion of the certifying officer, he or she is of sufficient competency and understanding to comprehend the nature of the transaction. If, in the opinion of the certifying officer, the minor is not of sufficient competency and understanding or is requesting electronic substitute bonds for Series EE or Series I, the parents must sign on behalf of the minor. If the minor does not reside with either parent, the form must be completed and signed by the individual who furnishes the minor's chief support.

**AMOUNT OF BONDS EXCEEDS \$5,000** – If the amount of the bonds involved exceeds \$5,000 and an investigation was made by a law enforcement agency or an insurance, transportation, or similar business organization, provide a copy of the report.

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

<p><b>ITEM 1.</b> Describe the missing bonds by bond serial number. If you don't know the bond serial numbers, you <b>must</b> provide the specific month and year of purchase, and the Social Security Number, name (including middle name or initial), and complete address (street, city, state) that appear on the bonds. Also state the total number of missing bonds. If you need more space, attach either a "Continuation Sheet for Listing Securities" (FS Form 3500), available at <a href="http://www.treasurydirect.gov/forms/sav3500.pdf">http://www.treasurydirect.gov/forms/sav3500.pdf</a>, a plain sheet of paper, or a photocopy of this section of the form.</p>
<p><b>ITEM 2.</b> Mark the appropriate boxes and provide complete details of the loss, theft, or destruction.</p>
<p><b>ITEM 3.</b> Provide details regarding your authority to complete a claim for the missing bonds. If you have been court-appointed, see "<b>LEGAL REPRESENTATIVE</b>" above.</p>
<p><b>ITEM 4.</b> Complete this item if a minor is named on the bonds and he or she is not of sufficient competency and understanding to complete the form on his or her own behalf. Provide the minor's name, date of birth, Social Security Number, and all other requested information. See "<b>MINORS</b>" above for more information.</p>

<b>ITEM 5.</b> Indicate whether you want substitute bonds or payment by direct deposit. If substitute bonds are requested and a bond is within less than one full calendar month of reaching its final maturity, or has reached final maturity, payment will be made instead.
<b>ITEM 6.</b> Complete either section A or B. Which section is appropriate for you depends on which series of bonds you have and whether you want payment or substitute bonds.
<b>ITEM 7.</b> Each person whose signature is required must sign the form in ink, print his or her name, and provide his or her home address, Social Security Number, daytime telephone number, and, if applicable, e-mail address. Each signature must be certified (see " <b>CERTIFICATION</b> " below).

**IF YOU LIVE IN A DECLARED DISASTER AREA: You need to complete only parts 1, 5, and 7. Write the word "DISASTER" on the top of the first page of the form and on the front of the envelope.**

**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, in the United States. 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

**WHERE TO SEND** – Send this form (without page 7) and any additional information to the appropriate address below. Legal evidence or documentation you submit cannot be returned.

- For HH or H savings bonds – Treasury Retail Securities Site, P.O. Box 2186, Minneapolis, MN 55480-2186
- For E, EE, or I savings bonds – Treasury Retail Securities Site, P.O. Box 214, Minneapolis, MN 55480-0214

**For Bond-Related Inquiries:**

- Email: SavBonds@bpd.treas.gov
- Phone: 844-284-2676 (toll free)
- Fax: 612-629-4285

**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 20 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.**