



www.treasurydirect.gov  
800-722-2678

**APPLICATION FOR RECOGNITION AS  
NATURAL GUARDIAN OF A MINOR**

Visit us on the Web at [www.treasurydirect.gov](http://www.treasurydirect.gov)

**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.**

TYPE OR PRINT IN INK ONLY - APPLICATIONS WILL NOT BE ACCEPTED WITH ALTERATIONS OR CORRECTIONS

**1. Legacy Treasury Direct ACCOUNT INFORMATION**

ACCOUNT NUMBER(S):

_____	_____
_____	_____
_____	_____
_____	_____

FOR DEPARTMENT USE

DOCUMENT AUTHORITY

APPROVED BY

DATE APPROVED

**2. MINOR**

NAME: \_\_\_\_\_

MINOR'S TAXPAYER IDENTIFICATION NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

**3. GUARDIAN**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: (\_\_\_\_) \_\_\_\_\_

RELATIONSHIP TO MINOR: ☐ PARENT ☐ FURNISH CHIEF SUPPORT ☐ OTHER (specify) \_\_\_\_\_

**MARRIED?** If your spouse did not apply as natural guardian with you, please have your spouse sign after the following statement:

I consent to the above-named parent acting as the guardian for our minor child. \_\_\_\_\_  
Signature

**SEPARATED OR DIVORCED?** You must furnish a certified copy of court records showing you have custody of the minor.

NAMES AND ADDRESSES OF OTHERS WHO REGULARLY CONTRIBUTE TO THE MINOR'S SUPPORT, AND THE PERCENTAGE OF THEIR CONTRIBUTIONS: \_\_\_\_\_

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

DOES THE MINOR RESIDE WITH YOU? ☐ YES ☐ NO

IF NO, PROVIDE THE NAME AND ADDRESS OF THE PERSON WITH WHOM THE MINOR RESIDES: \_\_\_\_\_

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

**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 REQUEST THAT I BE RECOGNIZED AS NATURAL GUARDIAN OF THE SAID MINOR FOR PURPOSES OF FURNISHING THE PAYMENT INSTRUCTIONS FOR THE ACCOUNTS LISTED AND TO EXECUTE ANY NECESSARY TRANSACTION REQUESTS FOR THOSE ACCOUNTS.

I CERTIFY THAT NO LEGAL GUARDIAN OR SIMILAR REPRESENTATIVE HAS BEEN APPOINTED FOR THE SAID MINOR AND NO SUCH APPLICATION IS CONTEMPLATED AND THAT THE SAID MINOR HAS AN INTEREST IN WHOLE OR IN PART IN SECURITIES HELD IN THE ACCOUNTS LISTED.

IN CONSIDERATION FOR MY RECOGNITION AS NATURAL GUARDIAN OF THE MINOR, I HEREBY AGREE THAT I WILL PROMPTLY NOTIFY THE BUREAU OF THE PUBLIC DEBT IF (A) THE MINOR'S DISABILITY IS REMOVED UNDER THE LAWS OF THE STATE OF HIS OR HER RESIDENCE, (B) A LEGAL GUARDIAN OR SIMILAR REPRESENTATIVE IS APPOINTED FOR THE MINOR'S ESTATE, (C) I NO LONGER FURNISH CHIEF SUPPORT FOR THE MINOR (WHEN SUPPORT IS THE BASIS FOR RECOGNITION), OR (D) THE MINOR DIES.

\_\_\_\_\_  
SIGNATURE(S)

**5. CERTIFICATION**

The natural guardian's signature **MUST** be certified by an authorized certifying officer.

**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 APPLICATION.  
CITY/STATE

**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.**

\_\_\_\_\_  
SIGNATURE AND TITLE OF CERTIFYING OFFICER

\_\_\_\_\_  
NAME OF FINANCIAL INSTITUTION

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY/STATE/ZIP CODE

\_\_\_\_\_  
TELEPHONE