

For official use only:
Customer Name

Case No.

FS Form 1048 (revised February 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), 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: ☐ *Substitute Electronic Bonds ☐ Payment by Direct Deposit

***When we reissue a Series EE or Series I savings bond, we no longer provide a paper bond. The reissued bond is in electronic form, in our online system TreasuryDirect. For information on opening an account in TreasuryDirect, go to www.treasurydirect.gov.**

B. Series HH Bonds

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

6. DELIVERY INSTRUCTIONS

A. FOR ELECTRONIC SUBSTITUTE BONDS—SERIES EE OR SERIES I

TreasuryDirect account number: _____

Account name: _____

Social Security Number or Employer Identification Number: _____

NOTE: You may add a secondary owner or beneficiary once bonds have been replaced in electronic form within your TreasuryDirect account. For more information, access your account and click on "How do I" at the top of the page to find instructions on how to add a secondary owner or beneficiary.

TAX LIABILITY: If the name of a living owner or principal coowner of the bonds is eliminated from the registration, the owner or principal coowner must include the interest earned and previously unreported on the bonds to the date of the transaction on his or her Federal income tax return for the year of the reissue. (Both registrants are considered to be coowners when bonds are registered in the form: "A" or "B.") The principal coowner is the coowner who (1) purchased the bonds with his or her own funds, or (2) received them as a gift, inheritance, or legacy, or as a result of judicial proceedings, and had them reissued in coownership form, provided he or she has received no contribution in money or money's worth for designating the other coowner on the bonds. If the reissue is a reportable event, the interest earned on the bonds to the date of the reissue will be reported to the Internal Revenue Service (IRS) by a Federal Reserve Bank or Branch or the Bureau of the Fiscal Service under the Tax Equity and Fiscal Responsibility Act of 1982. THE OBLIGATION TO REPORT THE INTEREST CANNOT BE TRANSFERRED TO SOMEONE ELSE THROUGH A REISSUE TRANSACTION. If you have questions concerning the tax consequences, consult the IRS, or write to the Commissioner of Internal Revenue, Washington, DC 20224. **Unless we are otherwise informed, the first-named coowner will be considered the principal coowner for the purpose of this transaction.**

B. FOR SUBSTITUTE PAPER BONDS—SERIES HH

MAIL BONDS TO:

(Name)

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

C. 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 ⇒

(Signature)

(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 ⇒

(Signature)

(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 ⇒

(Signature)

(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

<input type="checkbox"/> Customer Account Number and Date Established: _____	<input type="checkbox"/> Document(s) Description: _____
<input type="checkbox"/> 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.

SOMEONE ELSE HAD THE BONDS – If another person had possession of the bonds or knowledge of the circumstances of the loss, that person must provide a separate statement explaining the circumstances.

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.

ITEM 1. Describe the missing bonds by bond serial number. If you don't know the bond serial numbers, you must 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 http://www.treasurydirect.gov/forms/sav3500.pdf , a plain sheet of paper, or a photocopy of this section of the form.
ITEM 2. Mark the appropriate boxes and provide complete details of the loss, theft, or destruction.
ITEM 3. Provide details regarding your authority to complete a claim for the missing bonds. If you have been court-appointed, see " LEGAL REPRESENTATIVE " above.
ITEM 4. 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 " MINORS " above for more information.