

APPLICATION FOR ISSUE OF UNITED STATES MORTGAGE GUARANTY INSURANCE COMPANY TAX AND LOSS BONDS



BUREAU OF THE Fiscal Service U.S. DEPARTMENT OF THE TREASURY

To: Bureau of the Fiscal Service, Special Investments Branch, P.O. Box 396, Parkersburg, WV 26102-0396 Phone (304) 480-5299, Fax (304) 480-5277

Pursuant to the provisions of Department of the Treasury Circular, No. 300 (31 CFR Part 306), to the extent applicable.

Issue Amount \$ \_\_\_\_\_ Issue Date \_\_\_\_\_ [ ] 10 Year [ ] 20 Year (Must be 10 or 20 years from issue date.)

Dated this \_\_\_\_\_ day of \_\_\_\_\_ (Month) (Year)

\_\_\_\_\_  
Name of Owner

\_\_\_\_\_  
Signature and Title of Officer

\_\_\_\_\_  
Telephone Number (Include Area Code)

Purchaser (Name of Owner)

TIN \_\_\_\_\_ - \_\_\_\_\_ SUFFIX \_\_\_\_\_ (Leave blank if first time purchase.)

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
City State ZIP Code

Financial Institution

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
City State ZIP Code

Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Direct Deposit (ACH) information for Payment at Maturity

Account Name \_\_\_\_\_

Account Number \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Type [ ] Checking [ ] Savings

FOR THE USE OF THE BUREAU OF THE FISCAL SERVICE

Table with 6 columns: TREASURY CASE NO., ISSUE DATE, MATURITY DATE, VERIFIED BY, MEMO NO., APPROVED BY

**U.S TREASURY SECURITIES  
UNITED STATES MORTGAGE GUARANTY INSURANCE COMPANY TAX AND LOSS BONDS**

**FUNDS TRANSACTION**

FOR ADDITIONAL HELP IN FILLING OUT THIS FORM PHONE (304) 480-5299

**INSTRUCTIONS FOR TRANSMITTING PAYMENT FOR SECURITIES:**

The following information must be entered on the Fedwire system to transfer funds to the Bureau of the Fiscal Service.

- Your bank's ABA routing number for the "**SENDER ABA**".
- Your organization name for the "**SENDER NAME**".
- ABA routing number **051036476** for the "**RECEIVER ABA**".
- **TREAS BFS SIB** for the "**RECEIVER NAME**".
- **BTR** for the "**PRODUCT-CODE**".
- **1000** for the "**TYPE CODE**".
- The name of the owner must be placed in the "**ORIGINATOR'S NAME**" field.
- The name of the bank submitting funds must be placed in the "**ORIGINATOR'S**" field.
- The owner's taxpayer identification number must be placed in the "**REFERENCE TO THE BENEFICIARY**" field.
- The issue date must be placed in the "**ORIGINATOR TO BENEFICIARY INFORMATION**" field.

**NOTICE UNDER THE PRIVACY AND PAPERWORK REDUCTION ACTS**

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 for 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 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 that it will take you about 15 minutes to complete this form. This includes the time it will take to read the instructions, gather the necessary facts and fill out the form. If you have comments or suggestions regarding the above estimate or ways to simplify this form, forward correspondence to Bureau of the Fiscal Service, Forms Management Officer, Parkersburg, WV 26106-1328. **DO NOT SEND completed form to this address; send to the address shown at the top of page 1.**