RESET

For official use only:	Customer Name	Case/Request ##	Customer No

FS Form 1455 (Revised April 2026) OMB No. 1530-0035

Request by Fiduciary for Distribution of United States Treasury Securities

IMPORTANT: Follow instructions in filling out this form. Making any false, fictitious, or fraudulent claim or statement to the United States is a crime and may be prosecuted. Print in ink or type all information.

One or more fiduciaries (individual or corporate) must use this form to request distribution of United States Treasury Securities to the person lawfully entitled due to distribution of a trust or an estate or other reasons set out in the instructions.

Part A – Reason for Distribution

I/We request distribution of the securities and/or related payments for the following reason:

☐ Distribution of an estate OR trust to person(s) entitled

☐ Other reason for distribution: _____

If a person entitled to paper savings bonds (Series EE, E, I, HH, or H) wants:

- **payment,** he or she must submit FS Form 1522
- **reissue to himself or herself,** he or she must submit FS Form 4000
- **reissue to a trust,** he or she must submit FS Form 1851

A person entitled to electronic securities held in TreasuryDirect must submit FS Form 5511 for transfer or FS Form 5512 for redemption.

For forms, go to www.treasurydirect.gov

Part B – Distribution of Securities (a separate Part B must be completed for each distributee)

I/We request that the securities and/or related payments be distributed as follows:

1. Distribute to: _____
(Name of first distributee)

_____ _____
(Social Security Number or Employer Identification Number) (Telephone Number)

_____
(Address)

2. Description of securities and/or related payments:

TITLE OF SECURITY	ISSUE DATE	FACE AMOUNT	IDENTIFYING NUMBER	REGISTRATION

NOTE: Individual **savings bonds** (Series EE, E, I, HH, and H) may not be split. Each savings bond must be distributed, in its entirety, to an entitled individual or entity. **Marketable securities** may be distributed in full or in increments of $100.

If you want to split a marketable security, describe the exact amount of the distribution: _____

_____

Part B – Distribution of Securities *(Continued)*

I/We request that the securities and/or related payments be distributed as follows:

1. Distribute to: _____

(Name of second distributee)

_____ _____

(Social Security Number or Employer Identification Number) (Telephone Number)

_____

(Address)

2. Description of securities and/or related payments:

TITLE OF SECURITY	ISSUE DATE	FACE AMOUNT	IDENTIFYING NUMBER	REGISTRATION

NOTE: Individual **savings bonds** (Series EE, E, I, HH, and H) may not be split. Each savings bond must be distributed, in its entirety, to an entitled individual or entity. **Marketable securities** may be distributed in full or in increments of $100.

If you want to split a marketable security, describe the exact amount of the distribution: _____

_____

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I/We request that the securities and/or related payments be distributed as follows:

1. Distribute to: _____

(Name of third distributee)

_____ _____

(Social Security Number or Employer Identification Number) (Telephone Number)

_____

(Address)

2. Description of securities and/or related payments:

TITLE OF SECURITY	ISSUE DATE	FACE AMOUNT	IDENTIFYING NUMBER	REGISTRATION

NOTE: Individual **savings bonds** (Series EE, E, I, HH, and H) may not be split. Each savings bond must be distributed, in its entirety, to an entitled individual or entity. **Marketable securities** may be distributed in full or in increments of $100.

If you want to split a marketable security, describe the exact amount of the distribution: _____

_____

Part C - Signatures and Certifications

I/We certify under penalty of perjury that the information provided herein is true and correct to the best of my/our knowledge and belief, and agree to distribution of the securities as indicated in Part B. I/We bind ourselves, our heirs, legatees, successors and assigns, jointly and severally, to hold the United States harmless on account of the transaction requested, and to indemnify unconditionally and promptly repay the United States in the event of any loss which results from this request, including interest, administrative costs, and penalties. I/We consent to the release of any information regarding this transaction, including information contained in this form, to any party having an ownership or entitlement interest in the securities or payments.

Sign in ink, in your fiduciary capacity, in the presence of a certifying officer, and provide the requested information.

Sign Here: _____

(Signature and Title of Applicant)

_____ _____

(Print Name) (Social Security Number)

Mailing Address _____ _____

(Number and Street or Rural Route) (Daytime Telephone Number)

_____ _____

(City) (State) (ZIP Code) (Email Address)

Sign in ink, in your fiduciary capacity, in the presence of a certifying officer, and provide the requested information.

Sign Here: _____

(Signature and Title of Applicant)

_____ _____

(Print Name) (Social Security Number)

Mailling Address _____ _____

(Number and Street or Rural Route) (Daytime Telephone Number)

_____ _____

(City) (State) (ZIP Code) (Email Address)

Instructions to Certifying Officer: **1**. Name(s) of the person(s) who appeared and date of appearance **MUST** be completed. **2**. Original signature is required if a Medallion stamp is used. **3**. Person(s) must sign in your presence.

I CERTIFY that _____ , whose identity(ies)

(Names of Persons Who Appeared)

is/are known or proven to me, personally appeared before me this _____ day of _____ _____

(Month) (Year)

at _____ and signed this form.

(City, State)

_____

(Signature and Title of Certifying Officer)

(OFFICIAL STAMP OR SEAL)

_____

(Name of Financial Institution)

_____

(Address)

_____

(City, State, ZIP code)

_____

(Telephone)

Instructions to Certifying Officer: **1**. Name(s) of the person(s) who appeared and date of appearance **MUST** be completed. **2**. Original signature is required if a Medallion stamp is used. **3**. Person(s) must sign in your presence.

I CERTIFY that _____ , whose identity(ies)
(Names of Persons Who Appeared)

is/are known or proven to me, personally appeared before me this _____ day of _____ _____
(Month) (Year)

at _____ and signed this form.
(City, State)

_____
(Signature and Title of Certifying Officer)

(OFFICIAL STAMP OR SEAL)

_____
(Name of Financial Institution)

_____
(Address)

_____
(City, State, ZIP code)

_____
(Telephone)

Instructions

Use of Form – One or more fiduciaries (individual or corporate) must use this form to establish entitlement and request distribution of United States Treasury Securities and/or related payments to the person lawfully entitled due to termination of a trust, distribution of an estate, attainment of majority, restoration to competency, or other reason.

If you need more space for any item, use a plain sheet of paper and attach to the form.

Part A – Reason for Distribution

Mark a box to show the reason for the distribution. If you mark "Other," describe the reason, such as attainment of majority or restoration to competency. **Submit a copy of all evidence that establishes your authority to request this transaction. For example, if you are the administrator or executor of an estate, provide a certified copy of your letters of appointment, dated within one year of submission, showing the appointment is still in full force. Submit certified copies of death certificates for all deceased registrants.**

Part B – Distribution of Securities (a separate Part B must be completed for each distributee)

Complete Items 1 and 2.

1. Enter the name of only one distributee in each Part B, Item 1. Enter the appropriate Social Security Number or Employer Identification Number.

2. Describe only the securities and/or checks which the person shown in Item 1 is to receive:

- TITLE OF SECURITY – Identify each security by series, interest rate, type, CUSIP, call and maturity date, as appropriate. If describing a check, insert the word "check."
- ISSUE DATE – Provide the issue date of each security or check.
- FACE AMOUNT – Provide the face amount (par or denomination) of each security or check.
- IDENTIFYING NUMBER (if applicable) – Provide the serial number of each security, the confirmation number, or the check number.
- REGISTRATION – Provide the registration of each security, check, or account; also provide the account number, if any.

Examples:

TITLE OF SECURITY	ISSUE DATE	FACE AMOUNT	IDENTIFYING NUMBER	REGISTRATION
Paper Marketable Security **9 1/8 % TREASURY BOND OF 2004-2009 MATURES 5/15/09 CUSIP 912810CG1**	**5/15/79**	**$5,000**	***Serial #*** **123**	**JOHN DOE AND JANE DOE SSN 222-22-2222**
Electronic Marketable Security **CUSIP 912795QW4**	**2/5/04**	**$1,000**		**ACCT # 4800-123-1234 JOHN DOE SSN 222-22-2222**

Electronic Series I Savings Bond **SERIES I**	**1/1/02**	**$100**	*Confirmation #* **IAAAA**	**ACCT # N-111-111-111** **JOHN DOE**
Paper Series EE Savings Bond **SERIES EE**	**7/99**	**$100**	*Serial #* **C-123,456,789-EE**	**SSN 222-22-2222** **JOHN DOE** **OR JANE DOE**
Check **CHECK**	**7/26/04**	**$351.02**	*Check #* **502123456**	**JOHN DOE**

If unsure what to provide in each of the areas, furnish all identifying information in the space for REGISTRATION.

If an entitled person wants payment of paper marketable securities, not held electronically, the fiduciary must complete the assignment on the reverse of the security. The distributee must complete IRS Form W-9.

Any interest that is or becomes due on securities belonging to the estate of a decedent will be paid to the person to whom the securities are distributed, unless otherwise requested.

Part C – Signatures and Certifications

Signatures –If the request is on behalf of a corporate fiduciary, the name of the corporation must be given, followed by the signature and title of an authorized officer. If there are two or more fiduciaries, all must join in the request unless by express statute, decree of court, or the terms of the instrument under which the fiduciaries are acting, one or more of them may properly execute the request.

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 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

Additional Evidence – The Commissioner of the Fiscal Service, as designee of the Secretary of the Treasury, reserves the right in any particular case to require the submission of additional evidence.

Where to Send – Unless otherwise instructed in accompanying correspondence, send this form (without instruction pages) and any additional information to Treasury Retail Securities Services, PO Box 9150, Minneapolis, MN 55480-9150. Legal evidence or documentation you submit cannot be returned.

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 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 30 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 address shown in "Where to Send" above.**