



**NOTE:** Upon completion, submit purchase order and total amount of purchase to our financial institution authorized to receive savings bond orders. **ALLOW ABOUT THREE WEEKS FOR PROCESSING.**

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 Public Debt 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 Public Debt may be unable to process transactions.

We estimate that it will take you about 10 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 Public Debt, Forms Management Officer, Parkersburg, WIJ 26106-1328 and the Office of Management and Budget, Paperwork Reduction Project 1535-0084, Washington, DC 20503. DO NOT SEND completed form to either of the above addresses; instead, send to the correct address shown in the Instructions on this form.

**Returning the form to SJBFCU:**

- You can print the form and **fax** it back to SJBFCU at (508) 672-8300.
- You can return the form as an **email** attachment to our email address [info@sjbfcu.com](mailto:info@sjbfcu.com).
- You can **hand carry** the form to our main office.
- You can **mail** the form to:  
**SJB Federal Credit Union**  
1101 Stafford Road  
Fall River, MA 02721  
Attention: Savings Bond Department
- Or, you can visit our main office and complete the form with one of our Customer Service Representatives.

---

Should you have any questions please feel free to call us at (508) 672-6575, or send an email to [savings@sjbfcu.com](mailto:savings@sjbfcu.com).

# ORDER FOR SERIES EE U.S. SAVINGS BONDS

PLEASE FOLLOW THE INSTRUCTIONS ON THE PREVIOUS PAGES WHEN COMPLETING THIS PURCHASE ORDER

**1. OWNER OR FIRST-NAMED COOWNER (Bonds registered to)**

Name \_\_\_\_\_

Soc. Sec. No. \_\_\_\_\_

**2. BONDS TO BE DELIVERED "CARE OF"** (Do not complete this section unless name is different from the owner or first-named coowner in section 1 above.)

Mail to: \_\_\_\_\_

**3. ADDRESS WHERE BONDS ARE TO BE DELIVERED**

(NUMBER AND STREET OR RURAL ROUTE) \_\_\_\_\_

(CITY OR TOWN) \_\_\_\_\_ (STATE) \_\_\_\_\_ (ZIP CODE) \_\_\_\_\_

**4. COOWNER OR BENEFICIARY** Coownership will be assumed if neither or if both blocks are checked (See #4 on previous page).

The following person is to be named as  coowner  beneficiary

Name \_\_\_\_\_

**5. Bonds Ordered**

Denom.	Quantity	Issue Price	Total Issue Price	FOR AGENT USE ONLY
\$ 50		X \$ 25.00 = \$		AFFIXED AGENT STAMP CERTIFIES THAT TOTAL AMOUNT OF PURCHASE IS CORRECT
\$ 75		X \$ 37.50 = \$		
\$ 100		X \$ 50.00 = \$		
\$ 200		X \$ 100.00 = \$		
\$ 500		X \$ 250.00 = \$		
\$ 1,000		X \$ 500.00 = \$		
\$ 5,000		X \$ 2,500.00 = \$		
\$ 10,000		X \$ 5,000.00 = \$		
TOTAL ISSUE PRICE OF PURCHASE		\$		

**6. METHOD OF PAYMENT AND DATE PURCHASE ORDER AND PAYMENT PRESENTED TO AGENT**

<input type="checkbox"/> VISA CREDIT CARD PAYMENT	VISA CREDIT CARD NUMBER:	
	EXPIRATION DATE:	

CHECK OR MONEY ORDER (Mail to SJBFCU, 1101 Stafford Rd., Fall River, MA 02721, Attn: Savings Department)

DATE PURCHASE ORDER AND PAYMENT PRESENTED/SENT TO AGENT	(MO.)	(DAY)	(YR.)
---	-------	-------	-------

**7. SIGNATURE**

IF YOU NEED A GIFT CERTIFICATE, PLEASE CHECK HERE   
 OR ASK PERSON ACCEPTING THE FORM TO PROVIDE ONE TO YOU.

PURCHASER'S SIGNATURE \_\_\_\_\_

PURCHASER'S NAME IF OTHER THAN OWNER OR FIRST-NAMED COOWNER (Please print) \_\_\_\_\_ DAYTIME TELEPHONE NUMBER \_\_\_\_\_

STREET ADDRESS (If not shown above) \_\_\_\_\_ City \_\_\_\_\_ (STATE) \_\_\_\_\_ (ZIP CODE) \_\_\_\_\_

Send fax to FJB Federal Credit Union fax number: (508) 672-8300 or mail to SJBFCU, 1101 Stafford Road, Fall River, MA 02721

**For completed forms sent via email please read and compete following:**

I am sending this form via email. My email address is : \_\_\_\_\_

The accompanying email and my checking this box  serves as my signature and authorizes SJBFCU to process this Savings Bond application as indicated above.