COUNTY OF LOS ANGELES
UNITED STATES
SERIES EE SAVINGS BONDS
ONE-TIME / GIFT PURCHASE REQUEST FORM

EMPLOYEE NO.	DEPT. NO.	EMPLOYEE NAME (TYPE OR PRINT - FIRST, MI, LAST)

INDICATE THE BOND AMOUNT REQUESTED (CHECK ONE):

CHECK	PURCHASE PRICE	FACE VALUE	CHECK	PURCHASE PRICE	FACE VALUE
☐	25.00	50.00	☐	250.00	500.00
☐	50.00	100.00	☐	500.00	1000.00
☐	100.00	200.00			

PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO: FEDERAL RESERVE BANK
Please complete one request form for each bond purchase.

GIFT BOND PURCHASE: Is this bond being purchased as a gift? **YES** ☐ **NO** ☐

IMPORTANT:
If this is a gift bond application, and you do not know the SS# of the bond owner, your SS# must be listed below:

☐☐☐ ☐☐ ☐☐☐☐

ENTER THE FOLLOWING BOND OWNER INFORMATION:

NAME (TYPE OR PRINT - FIRST, MI, LAST)	SOCIAL SECURITY NUMBER. **(IF KNOWN)**
	☐☐☐ ☐☐ ☐☐☐☐

STREET ADDRESS	CITY	STATE	ZIP CODE

ENTER THE FOLLOWING INFORMATION TO DESIGNATE A CO-OWNER OR BENEFICIARY:
IF YOU WISH TO DESIGNATE A CO-OWNER OR BENEFICIARY FOR THIS BOND, CHECK ONE OF THE BOXES TO THE RIGHT. CHECK ONLY ONE BOX AND ENTER THE INFORMATION BELOW.

☐ **CO-OWNER** ☐ **BENEFICIARY**

NAME (TYPE OR PRINT - FIRST, MI, LAST)	SOCIAL SECURITY NUMBER, **(IF KNOWN)**
	☐☐☐ ☐☐ ☐☐☐☐

PLEASE GIVE THE NAME AND ADDRESS YOU WISH THE BOND TO BE MAILED TO, IF DIFFERENT FROM THE BOND OWNER INFORMATION ABOVE.

NAME (TYPE OR PRINT -FIRST, MI, LAST)			
STREET	CITY	STATE	ZIP CODE

I understand that the Savings Bond being requested on this form will be mailed to the address shown above within 10 (ten) working days from the date received by the Federal Reserve Bank.

EMPLOYEE SIGNATURE _____ DATE _____

WORK PHONE ( ) _____ HOME PHONE (*OPTIONAL*) ( ) _____

(5/02)