For official use only:	
Customer Name	Case No.

FS Form 2066 Department of the Treasury Bureau of the Fiscal Service (Revised October 2022)

APPLICATION BY SURVIVORS FOR PAYMENT OF BOND OR CHECK ISSUED UNDER THE ARMED FORCES I FAVE ACT OF 1946 AS AMENDED

OMB No. 1530-0038

		_	EAVE ACT O	7F 1940, AS	AMENDED		
IMPORTANT: F statement to the	ollow instructions in fillin United States is a crime	that is punis	orm. You should shable by fine ar NT IN INK OR TY	nd/or impriso	nment.	ny false, fictitious, or	fraudulent claim or
Department Circ owner or payee	d, as survivors entitled u cular No. 793, Revised, of which is deceased; w date of his death, are fu	as amende e certify the	ed, request imme following state	nediate paym	nent of the bond a	and/or check hereina	after described, the
BOND OR CHECK – If both bond and check are unpaid, describe both:							
Bond Number		Amount		Check Num	nber	Amount	
Bond Number		Amount		Check Num	nber	Amount	
	OWNER OR PAYEE – thereof will be necessary						
	Name	(Inclu	Date of Death de month, day an		Legal	Residence At the time (Complete address)	
Manital	Ctatura (At the time of deep	de.)			L □		
Waritai	Status (At the time of dear	n) Marri	ied? Div	orced?	Single?	Widowed?	
3. CLASS OF	SURVIVORS (You must o	complete ea	ch question.)				
• Survi	ving Spouse and/or Childre	n?	Yes] No			
• Parer	nts?		Yes] No			
• Broth	ers and Sisters?		Yes	No			
• Child	ren of Deceased Brothers a	nd Sisters?	Yes] No			
4. SURVIVORS							
	5 – Describe the members	of the first	class marked "Y	'es" above wh	no were living at the	e date of death of the	deceased owner.
A. Persons	5 - Describe the members now living:	of the first	class marked "Y	∕es" above wh	no were living at the	e date of death of the	deceased owner.
		Date of Birth	class marked "Y		no were living at the	e date of death of the	deceased owner.
	now living:	Date of			no were living at the		deceased owner.
	now living:	Date of			no were living at the		deceased owner.
	now living:	Date of			no were living at the		deceased owner.
	now living:	Date of			no were living at the		deceased owner.
	now living:	Date of Birth	Relation	nship	no were living at the		deceased owner.
B. Persons v	now living: Name	Date of Birth Cedent died Age at	Relation	since died:	Single	Address	
B. Persons v	now living:	Date of Birth Cedent died Age at	Relation	nship	Single		
B. Persons v	now living: Name	Date of Birth Cedent died Age at	Relation	since died:	Single	Address	
B. Persons v	now living: Name	Date of Birth Cedent died Age at	Relation	since died:	Single	Address	
B. Persons v	now living: Name	Date of Birth Cedent died	Relation	since died:	Single	Address	

5. PERSONS UNDER LEGAL D	DISABILITY - The perso	ns listed in l	tem 4A who are under legal o	disability are:		
Name	Legal Disabil		Name of Representative		Capacity	
APPLICANT ON BEHALF OF or more listed above, complete		n the instruc	ctions.) – If applicant is not lis	ted above, but is a	oplying on behalf of one	
Name	Address		Application Made		Relationship or	
			on Behalf of	Basis	s of Interest	
SIGNATURES – You must wait u	intil you are in the pres	ence of a ce	ertifying officer to sign this	form.		
	/B //	<u> </u>				
(Signature)	(Daytime Teleph	one No.)	(Signature)	(Daytime Telephone No.)	
·	-					
(Signature)	(Daytime Teleph	one No.)	(Signature)	(Daytime Telephone No.)	
(Signature)	(Daytime Teleph	one No.)	(Signature)	(Daytime Telephone No.)	
Applicant to contact:				if additional in	ormation is necessary.	
···	(Name, Daytime Telephor	ne Number, a	and E-Mail Address)		,	
CERTIFICATION – All signatures	s must be certified. See	the instru	ctions.			
Certifying Officer – The indi	viduals must sign in y	our preser	nce. Complete the certific	ation and affix yo	our stamp or seal.	
I CERTIFY that			, wh	ose identity is kno	wn or was proven	
to me, personally appeared before	e me this	_ day of _		,	,	
-4	a	nd signed t	(Month)		(Year)	
at(City)	(State)	na signea t	ilis loitii.			
			(Signature and Title	e of Certifying Officer)		
(OFFICIAL ST						
OR SEAL			(Name of Fina	ancial Institution)		
			(Number and Str	eet or Rural Route)		
			(Nulliber and Str	ool of Rulai Roule)		
ACCEPTABLE CERTIFICATION Financial institution's official seal or stamp (-	((Dity)	(State)	(ZIP Code)	
signature guaranteed stamp, or medallion s use a medallion stamp.		(-		,	, ,	

(Notary certification is NOT acceptable.)

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(Phone Number)

I CERTIFY that	, whose id	entity is known or was proven
to me, personally appeared before me this	day of	, (Veer)
at	(Month) , and signed this form.	(Year)
(City) (State)	,	
	(6)	
	(Signature and Title of Cert	Itying Officer)
(OFFICIAL STAMP OR SEAL)	(Name of Financial Ins	stitution)
3.3 3.2 3.2,		
	(Number and Street or R	ural Route)
ACCEPTABLE CERTIFICATIONS: Financial institution's official seal or stamp (such as corporate seal,	(City)	(State) (ZIP Code)
signature guaranteed stamp, or medallion stamp). Brokers must use a medallion stamp.		
(Notary certification is NOT acceptable.)	(Phone Number	or)
LOEDTIEV III.		
I CERTIFY that		entity is known or was proven
to me, personally appeared before me this	day of(Month)	(Year)
at (City) (State)	, and signed this form.	
(only)		
	(Signature and Title of Cert	ifying Officer)
(OFFICIAL STAMP		
OR SEAL)	(Name of Financial Ins	stitution)
	(Number and Street or P	ural Pouto)
	(Number and Street or R	urai Route)
ACCEPTABLE CERTIFICATIONS: Financial institution's official seal or stamp (such as corporate seal, signature guaranteed stamp, or medallion stamp). Brokers must use a medallion stamp.	(City)	(State) (ZIP Code)
(Notary certification is NOT acceptable.)	(Phone Numbe	er)
I CERTIFY that		entity is known or was proven
to me, personally appeared before me this	day of(Month)	(Year)
at (City) (State)	, and signed this form.	
	(Signature and Title of Cert	ifying Officer)
(OFFICIAL STAMP	(Name of Financial In	etitution)
OR SEAL)	(Name of Financial ins	sutution)
	(Number and Street or R	ural Route)
ACCEPTABLE CERTIFICATIONS:		
Financial institution's official seal or stamp (such as corporate seal, signature guaranteed stamp, or medallion stamp). Brokers must use a medallion stamp.	(City)	(State) (ZIP Code)
(Notary certification is NOT acceptable.)	(Phone Number	er)

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I CERTIFY that		, whose identity is kn	own or was proven
to me, personally appeared before me this	day of		,,
		(Month)	(Year)
at(City) (State)	, and signed this form.		
(Gity) (Glate)			
		(Circulture and Title of Contifuing Officer)	
		(Signature and Title of Certifying Officer)	
(OFFICIAL STAMP			
OR SEAL)		(Name of Financial Institution)	
		(Number and Street or Rural Route)	
ACCEPTABLE CERTIFICATIONS:			
Financial institution's official seal or stamp (such as corporate seal, signature guaranteed stamp, or medallion stamp). Brokers must use a medallion stamp.	(City)	(State)	(ZIP Code)
(Notary certification is NOT acceptable.)		(Phone Number)	
(Notary continuation is Not acceptable.)			
` '			
I CERTIFY that		, whose identity is kn	own or was proven
	day of		,
I CERTIFY that to me, personally appeared before me this	day of	, whose identity is kn	own or was proven , (Year)
I CERTIFY that to me, personally appeared before me this			,
I CERTIFY that to me, personally appeared before me this	day of		,
I CERTIFY that to me, personally appeared before me this	day of	(Month)	, (Year)
I CERTIFY that to me, personally appeared before me this	day of		, (Year)
I CERTIFY that to me, personally appeared before me this at (City) (State)	day of	(Month) (Signature and Title of Certifying Officer)	, (Year)
I CERTIFY that to me, personally appeared before me this at (City) (State)	day of	(Month)	, (Year)
I CERTIFY that to me, personally appeared before me this at (City) (State)	day of	(Month) (Signature and Title of Certifying Officer) (Name of Financial Institution)	, (Year)
I CERTIFY that to me, personally appeared before me this at (City) (State)	day of	(Month) (Signature and Title of Certifying Officer)	, (Year)
I CERTIFY that to me, personally appeared before me this at (City) (State) (OFFICIAL STAMP OR SEAL) ACCEPTABLE CERTIFICATIONS:	day of, and signed this form.	(Month) (Signature and Title of Certifying Officer) (Name of Financial Institution) (Number and Street or Rural Route)	, (Year)
I CERTIFY that to me, personally appeared before me this at (City) (State) (OFFICIAL STAMP OR SEAL)	day of	(Month) (Signature and Title of Certifying Officer) (Name of Financial Institution)	, (Year)

PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

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 the above address; send to correct address shown in "WHERE TO SEND" in the Instructions.**

INSTRUCTIONS

USE OF FORM – This form is to be used to request payment of an Armed Forces Leave Bond or check issued under Section 6 of the Armed Forces Leave Act of 1946, as amended, where the owner died without assigning the bond to the Administrator of Veterans Affairs prior to payment, or without presenting the check for payment. The Act provides that bonds or checks in the name of a now-deceased owner or payee will be paid only to the decedent's survivors by the Secretary of the Treasury, upon their request and application, to the first of the following class of survivors who were living at the date of the decedent's death, in equal shares:

- Surviving spouse and/or children,
- Parents.
- Brothers and Sisters, and
- Children of Deceased Brothers and Sisters.

Payment will not be made to the members of a particular class of survivors if a member of a prior class was living at the date of the decedent's death. Payment will not be made to an administrator, executor, or creditor of the decedent's estate. Survivorship is determined at the date of the decedent's death and if a person shown to be entitled then dies, payment is made to that person's estate and all persons entitled must join in the application. Denominational exchange, partial payment, or reissue in the names of survivors is not permitted.

COMPLETION OF FORM – Print clearly in ink or type all information requested. If more space is needed for any item, use a plain sheet of paper and attach it to this form.

- ITEM 1. Provide the serial number and face amount of each unpaid bond or check.
- **ITEM 2.** Enter the full name of the deceased bond owner and/or payee of check. Enter the month, day, and year of death. Enter the decedent's complete legal residence at time of death. Mark the appropriate box to indicate the decedent's marital status at the time of death. (See description of divorce in Item 3 below.) Provide the decedent's death certificate or a photocopy thereof.
- **ITEM 3.** Mark one box for each question, to indicate whether there were survivors of each class. Survivors are defined in detail below:
 - Surviving Spouse and/or Children Wife or husband of owner or payee. A "child" includes: legitimate child, child legally adopted, stepchild, if at the time of the decedent's death such stepchild was a member of the decedent's household; illegitimate child, but in case of a deceased male, only if he has been judicially ordered or decreed to contribute to such child's support, has been judicially decreed to be the adopted father of such child, or has acknowledged under oath in writing that he is the father of such child; and a person to whom the decedent at the time of his/her death stood *loco parentis* (designated caregiver) and so stood for not less than 12 months prior to his/her death.
 - Parents Father or mother, grandfather or grandmother, stepfather or stepmother, father or mother through adoption, or any person who stood in *loco parentis* (designated caregiver) to the deceased owner or payee for a period of not less than 12 months prior to the death of the decedent. Preference will be given to the parent or parents, not exceeding two, who actually exercised parental relationship at the time of or most nearly prior to date of death.
 - **Brothers and Sisters** Brothers and sisters of whole blood, brothers and sisters of half blood, stepbrothers and stepsisters, and brothers and sisters through adoption.
 - Children of Deceased Brothers and Sisters Nieces and nephews of deceased owner or payee. See "Surviving Spouse and/or Children" for definition of "child."
- **ITEM 4.** Enter the requested information, as indicated below:
 - **Persons Still Living** Enter the full name of each person now living as defined in Instruction 3. For **each** person, furnish the complete address, month, day, and year of birth, and exact relationship of the person to the decedent. In case of an application by a parent other than the actual father and mother still living together, a signed and sworn statement must be attached giving the names of all parents as defined in the Act, and stating facts relied upon to support the application submitted.
 - Persons Who were Living when the Decedent Died but Who have since Died For each deceased
 person, enter date of death, age of person at date of death, state whether married, single, or divorced, and
 show the relationship of each person to the deceased owner.
- **ITEM 5.** Show the name of any person listed in Item 4 who is under legal disability. Under "Legal Disability," enter the nature of the disability, such as the individual is a "minor" or the individual is "incompetent." Under "Capacity"

enter the official title or description of the representative, for example, "legal guardian" or "conservator," and show that person's address. If appointed by the court, attach up-to-date proof of appointment under court seal.

ITEM 6. If applicant does not come under any category shown in questions 3 through 5, but is submitting application on behalf of one or more survivors of the deceased owner or payee as a representative of the estate of any such survivor, or is acting in some similar representative capacity, such applicant should give all necessary information relative to the deceased owner or payee and relative to the survivor on whose behalf representation is made. Enter the full name and address of the applicant. Enter the full name of the survivor on whose behalf application is made. Give the relationship of the applicant to the survivor, such as administrator, or executor of estate of deceased child of deceased owner or payee. Explain fully the basis of application. Payment to minors will be made to a legally appointed guardian, if one has been appointed (provide proof of appointment, under seal of the court). Otherwise, payment will be made as the Secretary of the Treasury deems appropriate. The Secretary's determination is final.

SIGNATURES – Each person entitled to payment in his/her own right or on behalf of a minor under age 17 or under a legal disability must sign the form in ink, in the presence of an authorized certifying officer, and provide his/her daytime telephone number. A married woman, in signing, must use her own given name, not that of her husband, as "Ms. Mary Jones," not "Mrs. Frank Jones." **An IRS Form W-9 must also be completed and signed by each survivor or his/her authorized representative, to certify the Social Security Number of that survivor.**

CERTIFICATION – Each applicant must appear before and establish identification to the satisfaction of an authorized certifying officer and sign the form in the presence of the officer. The certifying officer must complete the certification forms provided and 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. For a complete list of such officers see Department of the Treasury Circular No. 300, current revision, 31 CFR 306.

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.

Sample certification for a financial institution:

SIGNATURE GUARANTEED

ABC National Bank
Hillview Branch

Authorized Signature

Authorized Signature

Authorized Signature

Authorized Signature

XXXXXXXX

SECURITIES TRANSFER AGENTS MEDALLION PROGRAM

WHERE TO SEND – Send the completed FS Form 2066, **the bonds** and/or check, certified death certificate, and IRS Form(s) W-9 to Treasury Retail Securities Services, PO Box 9150, Minneapolis, MN 55480-9150.

[Bar Code]

QUESTIONS? - Call us at 844-284-2676 (toll free).