

INDEMNIFICATION STATEMENT

FORM 700-A

This is a facsimile of an original United States Savings Bond/Note containing the following data.

SERIAL NUMBER	ISSUE DATE (Month/Year)	PAYMENT DATE (Month/Year)	PAYMENT AMOUNT

The bond/note has been endorsed by the undersigned and reported missing or destroyed while in the regular course of bank collection. The undersigned guarantees the validity of this facsimile and all prior or any missing endorsements and agrees to be bound by the regulations contained in Treasury Circular No. 750, current revision (31 CFR Part 321), for any loss sustained by the Treasury or an endorsing bank in honoring this facsimile.

Reason for Facsimile:

Institution Name and Address:

Routing and Transit # (ABA #) of Institution:

Authorized Signature: