

STATE OF HAWAII  
UNITED STATES SAVINGS BONDS AUTHORIZATION

PRINT IN BLUE INK OR TYPE

EFFECTIVE DATE \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

EMPLOYEE'S NAME \_\_\_\_\_  
LAST FIRST M.I.

DEPARTMENT/AGENCY DIVISION OR BRANCH LOCATION WORK PHONE

**REQUESTED ACTION**  
For allotment options, see your campaign volunteer or payroll office

A New Allotment     B Increase Allotment     C Change Denomination     D Change Inscription     E Other Action (Describe below)

**OTHER ACTION**  
If checked above \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you checked A, B, C, or D above indicate amount to be allotted each month. \$ \_\_\_\_\_

**CHOOSE SERIES**     I BOND     EE    (The price of an EE bond is equal to half the denomination of the bond being purchased.)  
(The price of an I bond is equal to the denomination of the bond being purchased.)

**SELECT DENOMINATION**

<input type="checkbox"/> \$50 <input type="checkbox"/> \$75 I Bond only	<input type="checkbox"/> \$100 <input type="checkbox"/> \$200 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 I Bond or Series EE
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**BOND INSCRIPTION**

**OWNER'S NAME** \_\_\_\_\_  
(First Name) (Middle Name or Initial) (Last Name)

**SOCIAL SECURITY NO. (Required)** \_\_\_\_\_

**ADDRESS** { \_\_\_\_\_  
(Number and Street)  
\_\_\_\_\_ (State) (Zip Code)  
(City or Town)

Check one if you wish to designate a co-owner or beneficiary     CO-OWNER     BENEFICIARY

**NAME** \_\_\_\_\_  
(First Name) (Middle Name or Initial) (Last Name)

**SOCIAL SECURITY NO. (Optional)** \_\_\_\_\_

**NOTE:** Married women should use their given names, e.g., "Mary L. Smith". If co-owner or beneficiary is designated, the inclusion of that individual's Social Security number is desirable but not required. The use of courtesy titles is optional.

**DATE** \_\_\_\_\_

**EMPLOYEE'S SIGNATURE** \_\_\_\_\_  
(Sign in blue ink)

I hereby authorize the foregoing allotment from my pay for the purchase of U.S. Savings Bonds to be issued with the inscription shown on this form. This authorization is to remain in effect until cancelled by me in writing or termination of my employment.

Return signed form to your Personnel office