

# TreasuryDirect Account Authorization

www.treasurydirect.gov

**IMPORTANT: Follow instructions in filling out this form. You should be aware that the making of any false, fictitious, or fraudulent claim or statement to the United States is a crime that is punishable by fine and/or imprisonment.**  
**PRINT IN INK OR TYPE ALL INFORMATION**

## Instructions

1. Wait until you are in the presence of a certifying officer to sign this form. Identification may be required.
2. Acceptable certifying officers include authorized employees of insured depository institutions and corporate central credit unions. **Certification by a notary public is NOT acceptable.**
3. Mail the completed authorization form to: Treasury Retail Securities Site, P.O. Box 7015, Minneapolis, MN 55480-7015.

## Authorization

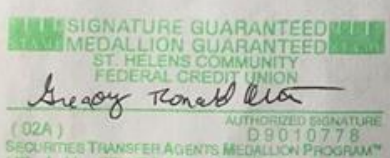
I submit this account authorization pursuant to the provisions of 31 CFR Part 363. I understand that my TreasuryDirect account will be activated upon receipt and approval of this authorization. Under penalty of perjury, I certify the information provided is true, correct and complete.

*Kenneth William Dost* (Signature)  
51923 MOUNTAIN VIEW ROAD SCAPPOOSE, OR 97056 (Mailing Address)  
255-46-1142 (Taxpayer Identification Number (SSN/EIN))  
503-730-4994 (Telephone (Daytime))  
DOSTKENNETH@PROTONMAIL.COM (E-mail Address)

## Certifying Officer:

- The individual must sign in your presence and you must complete the certification and affix your stamp or seal.
- Acceptable certifications include the financial institution's official seal or stamp (such as corporate seal, signature guaranteed stamp, or medallion stamp).
- Certification by a notary public is NOT acceptable.

I CERTIFY that KENNETH WILLIAM DOST, whose identity is known or was proven to me, personally appeared before me this 22 day of MARCH, 2018, at SCAPPOOSE, OREGON, and signed this authorization.



*Gregory Ronald Kent* (Signature of Certifying Officer)  
GREGORY RONALD KENT (Printed Name and Title of Certifying Officer)  
ST HELENS CREDIT UNION (Name of Financial Institution)  
Po Box 537 (Address)  
ST HELENS, OR 97051 (City, State, and ZIP Code)  
503 397 2376 (Phone Number)

ACCEPTABLE CERTIFICATIONS: Financial institution's official seal or stamp (such as corporate seal, signature guaranteed stamp, or medallion stamp).

(Notary certification is NOT acceptable.)

## NOTICE UNDER THE PRIVACY ACT AND PAPERWORK REDUCTION ACT

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 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 Fiscal Service; 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 5 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 this address; send to the address shown in the Instructions.

|                        |              |
|------------------------|--------------|
| For official use only: | Customer No. |
| Customer Name          |              |

PD F 5188 E  
Department of the Treasury  
Bureau of the Public Debt  
(Revised June 2012)

**DURABLE POWER OF ATTORNEY FOR SECURITIES  
AND SAVINGS BONDS TRANSACTIONS**

OMB No. 1535-0069

**IMPORTANT:** Follow instructions in filling out this form. You should be aware that the making of any false, fictitious, or fraudulent claim or statement to the United States is a crime that is punishable by fine and/or imprisonment.

PRINT IN INK OR TYPE ALL INFORMATION

**1. APPOINTMENT**

I, KENNETH W DOST, hereby appoint  
(Name of Grantor)  
Kenneth-William Dost as my attorney-in-fact.  
(Name of Attorney-in-Fact)

**2. AUTHORITY**

(Check as many boxes as you choose.)

- A.  Relating to my Treasury securities and United States Savings Bonds and Notes, I authorize my attorney-in-fact named above to perform any and all transactions that Treasury regulations permit an attorney-in-fact to make. This authority includes the right to execute tax documents related to these securities. This does not include the authority to make transfers to the attorney-in-fact or to make gifts to others.
- B.  I authorize my attorney-in-fact named above to exercise any powers and duties, whether or not discretionary, that I am authorized to perform regarding securities belonging to any trust, probate estate, guardianship, conservatorship, custodianship, or other similar estate for which I am now, or may later be, appointed as fiduciary.
- C.  In addition to one or both of the above, I authorize my attorney-in-fact to make gifts to others. I further authorize my attorney-in-fact to make transfers (either for consideration or as a gift) to the attorney-in-fact.

Authorized transactions may include, but are not limited to, changes of payment information, collection of interest, redemptions, transfers, assignments, purchases by ACH (PayDirect®) or any other authorized payment method, or reinvestments. The Bureau of the Public Debt will not be liable for any loss, cost, or expense that you may incur as a result of transactions made by the attorney-in-fact appointed.

**3. TERM AND DURABILITY**

This power is effective until it is revoked in writing. (See Item 3 in the instructions for revocation procedures.) This is a durable power of attorney that will not be affected by the grantor's subsequent disability or incapacity.

**4. SIGNATURE** (You must wait until you're in the presence of a certifying officer to sign this form.)

I ratify any and all authorized transactions by my attorney-in-fact.

Sign Here: *Kenneth William Dost* Kenneth W Dost  
(Signature of Grantor) (Print Name)

Home Address: 51923 MOUNTAIN VIEW ROAD SCAPPOOSE OR 97056  
(Number and Street, Rural Route, or P.O. Box) (City) (State) (ZIP Code)

(Account Number, if applicable) (Taxpayer Identification Number)

E-Mail Address: DOSTKENNETH@PROTONMAIL.COM 503-730-4994  
(Optional) (Daytime Telephone Number)

Instructions to Certifying Officer:

1. Name of the person(s) who appeared and date of appearance **MUST** be completed.
2. Medallion stamps require an original signature.
3. Person(s) must sign in your presence.

I certify that KENNETH WILLIAM DOST, whose identity(ies) is/are known or  
(Name[s] of Person[s] Who Appeared)

proven to me, personally appeared before me this 22 day of MARCH, 2018  
(Month and Year)

at SCAPPOOSE, OR 97056, and signed this form.  
(City, State)

*Jugoy Ronald Lewis*, loan officer  
(Signature and Title of Certifying Officer)



ST HELENS CREDIT UNION  
(Name of Financial Institution)

PO Box 537  
(Address)

ST HELENS, OR 97051  
(City/State/ZIP Code)

503 397 2576  
(Telephone)

**INSTRUCTIONS**

**USE OF FORM** - Use this form to appoint and authorize an attorney-in-fact to conduct any and all authorized transactions regarding Treasury securities. These securities include, but are not necessarily limited to, Treasury bills, notes, bonds, and TIPS, and all series of United States Savings Bonds and Savings Notes. Authorized transactions include, but are not limited to, changes of payment information, collection of interest, redemptions, transfers, assignments, purchases by ACH (PayDirect®) or any other authorized payment method, reinvestments, and/or the completion of tax documents. (An attorney-in-fact may not reissue definitive savings bonds.)

**IMPORTANT NOTICES**

- This form gives the individual or organization you name as attorney-in-fact broad powers to handle your securities and/or securities for which you are acting on the owner's or entitled party's behalf as fiduciary. If you have questions about these powers, you should seek professional legal advice before signing this form.

For official use only.

|               |              |
|---------------|--------------|
| Customer Name | Customer No. |
|---------------|--------------|

PD F 5188 E  
Department of the Treasury  
Bureau of the Public Debt  
(Revised June 2012)

OMB No. 1535-0069

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Kenneth-William Dost as my attorney-in-fact.  
(Name of Attorney-in-Fact)

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- B.  I authorize my attorney-in-fact named above to exercise any powers and duties, whether or not discretionary, that I am authorized to perform regarding securities belonging to any trust, probate estate, guardianship, conservatorship, custodianship, or other similar estate for which I am now, or may later be, appointed as fiduciary.
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I ratify any and all authorized transactions by my attorney-in-fact.

Sign Here: Kenneth Dost (Signature of Grantor) Kenneth Dost (Print Name)

Home Address: 51923 MOUNTAIN VIEW ROAD SCAPPOOSE OR 97056  
(Number and Street, Rural Route, or P.O. Box) (City) (State) (ZIP Code)

(Account Number, if applicable) (Taxpayer Identification Number)

E-Mail Address: DostKenneth@PROTONMAIL.COM (Optional) 503-730-4994 (Daytime Telephone Number)

Instructions to Certifying Officer:

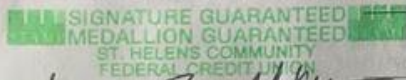
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I certify that KENNETH DOST, whose identity(ies) is/are known or  
(Name[s] of Person[s] Who Appeared)

proven to me, personally appeared before me this 22 day of MARCH 2018  
(Month and Year)

at SCAPPOOSE OR, and signed this form.  
(City, State)

Gregory Ronald Lewis Loan Officer  
(Signature and Title of Certifying Officer)



ST HELENS CREDIT UNION  
(Name of Financial Institution)

Po Box 537  
(Address)



ST HELENS, OR 97051  
(City/State/ZIP Code)

503 397 2376  
(Telephone)

(Notary certification is NOT acceptable.)

**INSTRUCTIONS**

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Customer Name

Customer No.

PD F 5188 E  
Department of the Treasury  
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(Name of Grantor)  
Kenneth-William; Dost as my attorney-in-fact.  
(Name of Attorney-in-Fact)

#### 2. AUTHORITY

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I ratify any and all authorized transactions by my attorney-in-fact.

Sign Here: Kenneth William Dost (Signature of Grantor) Kenneth William Dost (Print Name)

Home Address: 51923 MOUNTAIN VIEW ROAD SCAPPOOSE OR 97506  
(Number and Street, Rural Route, or P.O. Box) (City) (State) (ZIP Code)

(Account Number, if applicable)

(Taxpayer Identification Number)

E-Mail Address: DOSTKENNETH@PROTONMAIL.COM (Optional) 503-330-4994 (Daytime Telephone Number)

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(Name[s] of Person[s] Who Appeared)

proven to me, personally appeared before me this 22 day of MARCH 2018,  
(Month and Year)

at SCAPPOOSE, OR, and signed this form.  
(City, State)

Gregory Ronald Luo, Loan Officer  
(Signature and Title of Certifying Officer)

**SIGNATURE GUARANTEED** **MEDALLION GUARANTEED** ST HELENS CREDIT UNION  
(Name of Financial Institution)

Gregory Ronald Luo PO BOX 537  
(Address)

ACCREDITED BY CERTIFICATION D9010778  
SECURITIES TRANSFER AGENTS MEDALLION PROGRAM™

ST HELENS, OR 97051  
(City/State/ZIP Code)

Stamp or Medallion Stamp. Brokers must use a Medallion Stamp.

503 397 2374  
(Telephone)

(Notary certification is NOT acceptable.)

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