

FINANCE NUMBER		PAY LOC.		NAME			SOCIAL SECURITY NUMBER			
<i>(Check appropriate)</i>										
A <input type="checkbox"/> New		B <input type="checkbox"/> Increased Allotment		C <input type="checkbox"/> Change Denomination		D <input type="checkbox"/> Change Inscription		E <input type="checkbox"/> Add Alternate	F <input type="checkbox"/> Other Action <i>(Describe below)</i>	
<i>(If you checked A, B, or C above complete the following)</i>			Total Pay Period Deduction		Bond Denomination					
			\$		<input type="checkbox"/> \$100		<input type="checkbox"/> \$200		<input type="checkbox"/> \$500	<input type="checkbox"/> \$1000
OWNER	Name		First Name		Middle Name or Initial		Last Name		Social Security Number	
	Address		Number and Street							
			City or Town			State		ZIP + 4		
<input type="checkbox"/> Co-Owner		First Name		Middle Name or Initial		Last Name		Social Security Number		
<input type="checkbox"/> Beneficiary										
F. Other Action										

I hereby authorize the foregoing allotment from my pay, to be effective Pay Period _____, of year _____, with the understanding that U.S. Savings Bonds will be issued as requested. This authorization is to remain in effect until cancelled by me in writing or termination of my Federal employment.

See Privacy Act Statement on Reverse	Signature of Employee <i>(Must be same as shown on payroll)</i>	Date	THE POSTMASTER GENERAL SUPPORTS U.S. SAVINGS BONDS.
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U.S. Savings Bond Authorization for Purchase and Request for Change

Instructions for Completing Savings Bond Form

(Use the sample below to determine how to complete the savings bond form above.)

1		2				3				
FINANCE NUMBER		PAY LOC.		NAME			SOCIAL SECURITY NO.			
<i>(Check appropriate)</i>										
A <input type="checkbox"/> New		B <input type="checkbox"/> Increased Allotment		C <input type="checkbox"/> Change Denomination 4		D <input type="checkbox"/> Change Inscription		E <input type="checkbox"/> Add Alternate	F <input type="checkbox"/> Other Action <i>(Describe below)</i>	
<i>(If you checked A, B, or C above complete the following)</i>			Total Pay Period Deduction		Bond Denomination					
			\$		<input type="checkbox"/> \$100		<input type="checkbox"/> \$200 6		<input type="checkbox"/> \$500	<input type="checkbox"/> \$1000
OWNER	Name		First Name		Middle Name or Initial 7		Last Name		Social Security Number 8	
	Address		Number and Street							
			City or Town			State		ZIP + 4		
<input type="checkbox"/> Co-Owner		First Name		Middle Name or Initial 9		Last Name		Social Security Number 10		
<input type="checkbox"/> Beneficiary										
F. Other Action										

I hereby authorize the foregoing allotment from my pay, to be effective Pay Period **11**, of year _____, with the understanding that U.S. Savings Bonds will be issued as requested. This authorization is to remain in effect until cancelled by me in writing or termination of my Federal employment.

See Privacy Act Statement on Reverse	Signature of Employee <i>(Must be same as shown on payroll)</i> 12	Date 13	THE POSTMASTER GENERAL SUPPORTS U.S. SAVINGS BONDS.
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Complete Items 1-3, 12 and 13 for All Actions

- Employee's finance number and pay location.
- Employee's name - should be same as shown on payroll records.
- Employee's Social Security number.
- Signature: MUST be the same as shown on payroll records. If form is NOT signed, the request CANNOT be processed.
- Enter current date.

New Authorization for Bond

- Check box **A** to denote NEW allotment.
- Total amount to be withheld per pay period. The minimum withholding is \$2.50 and increases must be in increments of \$1.25.
- Check only one box for the desired bond denomination.

Additional Instructions for the Remaining Options Are on the Reverse.

Privacy Act Statement: The collection of this information is authorized by 39 USC 401, 1003 and 5 USC 8339. This information will be used to issue savings bonds to you. As a routine use, the information may be disclosed to an appropriate government agency, domestic or foreign, for law enforcement purposes; where pertinent, in a legal proceeding to which the USPS is a party or has an interest; to a government agency in order to obtain information relevant to a USPS decision or upon request of a government agency when relevant to its decision concerning employment, security clearances, security or suitability investigations, contracts, licenses, grants or other benefits; to a congressional office at your request; to a person under contract with the USPS to fulfill an agency function; to the Federal Records Center for storage; to the Office of Management and Budget for review of private relief legislation; to an independent certified public accountant during an official audit of USPS finances; to an investigator, administrative judge or complaints examiner appointed by the EEOC for investigation of a formal EEO complaint under 29 CFR 1613; to the Merit Systems Protection Board or Office of Special Counsel for proceedings or investigations involving personnel practices and other matters within their jurisdiction; to a labor organization as required by the National Labor Relations Act; to agencies having taxing authority for taxing purposes; to financial organizations receiving allotments; to State Employment Security Agencies to process unemployment compensation claims; to a Federal or state agency providing parent locator service or to other authorized persons as defined by Pub. L 93-647; to the National Association of Postal Supervisors that relates to postal supervisors; to OPM, Social Security Administration, VA, OWCP, health insurance carriers, or plans, or other program management agencies or retirement systems for use in determining a claim for benefits; and to OPM for its active employee/annuitant data systems used to analyze Federal Retirement and insurance costs. Completion of this form is voluntary; however, if this information is not provided, it may result in an inability to complete the transaction for the issuance of savings bonds in your name.

Computer Matching: Limited information may be disclosed internally or to other local government agencies for computer matching programs conducted pursuant to the Privacy Act. These programs, include, but are not limited to, matches performed to verify an individual's eligibility for, indebtedness to, or compliance with requirements of a benefit program and to verify compliance with USPS policy for employee conduct.

AVERAGE DATING: Bonds of \$100 or greater denomination will be dated as of the first day of the month in which the end of a pay period falls and at least half of the purchase price is accumulated.

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Instructions for Completing Savings Bond Form (Continued)

7. Owner's name and address; a married woman's first name **MUST** be used, not her husband's first name. Address **MUST** have the ZIP + 4 code.
8. If the owner is someone other than the employee, the correct Social Security number must be entered for the owner of the bond.
9. Check co-owner or beneficiary if desired; the designation of a co-owner or beneficiary is optional. If a co-owner or beneficiary is checked, enter the name in this block.
10. This Social Security number is optional.
11. Show pay period and year the request will take effect.

To Increase Allotments

4. Check box **B** to increase an allotment.
5. Total amount to be withheld per pay period (not the additional amount). For example, the current withholding is \$25.00, the increase is \$5.00, enter \$30.00.
6. No entry is required unless a change to the bond denomination is desired. If so, also check box **C**.
- 7-10. No entries are required unless a change to owner, co-owner, or beneficiary is desired. If so, also check box **D** and change the inscription.
11. Show the pay period and year that the request will take effect.

Alternate Owners/Co-Owners/Beneficiaries

4. Check box **E**, Add Alternate, and box **F**, Other Action. Enter **Alternate Bond #1** in Other Action section of form. (Complete additional forms as needed, and number **Alternate #2, #3, etc.**)
5. Total amount to be withheld per pay period. The minimum withholding is \$2.50 and increases must be in increments of \$1.25.
6. Check only one box for the desired bond denomination.
7. Owner's name and address; a married woman's first name **MUST** be used, not her husband's first name. Address **MUST** have the ZIP + 4 code.
8. If the owner is someone other than the employee, the correct Social Security number must be entered for the owner of the bond.
9. If a co-owner or beneficiary is desired, check appropriate box, and enter one name here.
10. This Social Security number is optional.
11. Show the pay period and year that the request will take effect.

NOTE: When the amount withheld has satisfied the requirements to issue a bond for the first alternate, the withholding will be applied to the second alternate.