

U. S. SAVINGS BOND - PAYROLL DEDUCTION AUTHORIZATION

MAIL COMPLETED FORM TO: National Bond & Trust Company, P. O. Box 1558, Crown Point, Indiana 46308

SB-2152 (OMB Approval 1535-0111) Revised August 1997	AUTHORIZATION FOR PURCHASE AND REQUEST FOR CHANGE UNITED STATES SAVINGS BONDS	Series EE
1 DATE	PRINT IN INK OR TYPE	
2 EMPLOYEE'S NAME (First Name) (Initial) (Last Name)	3 SOC. SEC. OR EMP. PAYROLL NO.	
4 DEPARTMENT/AGENCY EXXONMOBIL	5 BUREAU OR OFFICE	6 LOCATION
7 WORK PHONE		
8 <input type="checkbox"/> A New Allotment	<input type="checkbox"/> B Increase Allotment	<input type="checkbox"/> C Change Denomination
<input type="checkbox"/> D Change Inscription		<input type="checkbox"/> E Other Action (Describe Below)
9 If you checked A, B, or C above, complete the following) \$ _____	10 BOND DENOMINATION (cost price) <input type="checkbox"/> \$100 (\$50) <input type="checkbox"/> \$200 (\$100) <input type="checkbox"/> \$500 (\$250) <input type="checkbox"/> \$1,000 (\$500)	
BOND INSCRIPTION Complete the following if (a) you checked A or D above; or (b) you have multiple Bond allotments		
11 OWNER'S NAME (First Name) (Middle Name or Initial) (Last Name)	12 SOCIAL SECURITY NO. (Required)	
13 ADDRESS	(Number and Street) (City or Town) (State) (ZIP Code)	
14 Check One	<input type="checkbox"/> CO-OWNER (First Name) (Middle Name or Initial) (Last Name)	SOCIAL SECURITY NO. (Optional)
<input type="checkbox"/> BENEFICIARY		

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

E. OTHER ACTION (Explain)

Note: The furnishing of a Social Security number for the owner or first named co-owner of a Bond is required by the regulations governing Savings Bonds, i.e., Department Circular PD Series 3-80 (31 CFR 353). The numbers are used to maintain ownership records of the Bonds. Other information requested by this form is also required under the above regulations to establish the rights, authority and/or entitlement of the signers. Failure to furnish any of the requested information may prevent completion of the transaction. 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.

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

EFFECTIVE ON FIRST PAYROLL PERIOD AFTER

15 _____, 20____	15 _____ Employee's Signature (Must be same as shown on payroll)
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I understand the following conditions which attach to this authorization:

1. The instructions contained herein are to remain in force until cancelled or superseded by subsequent authorization.
2. No interest will be paid or credited on funds accumulated for purchase of bonds.
3. Upon notice of termination or cancellation, any unused balance will be refunded by National Bond & Trust Company.

U. S. INFLATION-INDEXED SAVINGS BOND - PAYROLL DEDUCTION

AUTHORIZATION

MAIL COMPLETED FORM TO: National Bond & Trust Company, P. O. Box 1558, Crown Point, Indiana 46308

SB-2253
(OMB Approval 1535-0111)

AUTHORIZATION FOR PURCHASE AND REQUEST FOR CHANGE
UNITED STATES INFLATION-INDEXED SAVINGS BONDS

Series I

1 DATE	PRINT IN INK OR TYPE	
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2 EMPLOYEE'S NAME (First Name)	(Initial)	(Last Name)	3 SOC. SEC. OR EMP. PAYROLL NO.
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4 DEPARTMENT/AGENCY EXXONMOBIL	5 BUREAU OR OFFICE	6 LOCATION	7 WORK PHONE
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8 <input type="checkbox"/> A New Allotment	<input type="checkbox"/> B Increase Allotment	<input type="checkbox"/> C Change Denomination	<input type="checkbox"/> D Change Inscription	<input type="checkbox"/> E Other Action (Describe Below)
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9 If you checked A, B, or C above, complete the following: The price of an I bond is equal to the denomination of the bond being purchased \$ _____	10 BOND DENOMINATION (cost price) <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000
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BOND INSCRIPTION Complete the following if (a) you checked A or D above; or (b) you have multiple Bond allotments

11 OWNER'S NAME (First Name) (Middle Name or Initial) (Last Name)	12 SOCIAL SECURITY NO. (Required)
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13 ADDRESS	(Number and Street)	(City or Town)	(State)	(ZIP Code)
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14 Check One	CO-OWNER <input type="checkbox"/>	(First Name) (Middle Name or Initial) (Last Name)	SOCIAL SECURITY NO. (Optional)
	BENEFICIARY <input type="checkbox"/>		

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

E. OTHER ACTION (Explain)

Note: The furnishing of a Social Security number for the owner or first named co-owner of a Bond is required by the regulations governing Savings Bonds, i.e., Department Circular PD Series 3-80 (31 CFR 353). The numbers are used to maintain ownership records of the Bonds. Other information requested by this form is also required under the above regulations to establish the rights, authority and/or entitlement of the signers. Failure to furnish any of the requested information may prevent completion of the transaction. 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.

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

EFFECTIVE ON FIRST PAYROLL PERIOD AFTER	
15 _____, 20_____	15 _____ Employee's Signature (Must be same as shown on payroll)

- I understand the following conditions which attach to this authorization:

 1. The instructions contained herein are to remain in force until cancelled or superseded by subsequent authorization.
 2. No interest will be paid or credited on funds accumulated for purchase of bonds.
 3. Upon notice of termination or cancellation, any unused balance will be refunded by National Bond & Trust Company.

The U. S. Savings Bond - Payroll deduction Authorization form is required only if changes are being made to the monthly payroll deduction amount. All other transactions and questions are handled by calling National Bond & Trust Company at 1-800-426-9314.

Mail completed Payroll Deduction Authorization form to:

National Bond & Trust Company
P. O. Box 1588
Crown Point, Indiana 46308

NOTE: One form per "bond" owner with a maximum of six (6) owners.

1. **Date** - Today's Date
2. **Employee's Name** - First Name, Middle Initial, Last Name
3. **Soc. Sec. or Emp. Payroll No.** - Employee Social Security Number
4. **Department/Agency** - EXXONMOBIL
5. **Bureau or Office** - Employee's Work Group (e.g. Baytown Refinery)
6. **Location** - Work State
7. **Work Phone** - Employee's Work Telephone Number (include the Area Code)
8. **Type of Transaction:**
 - A. New Allotment - New Sign-up or add a new bond owner/co-owner
 - B. Increase Allotment - Increase/Decrease the MONTHLY payroll deduction
 - C. Change Denomination - Change the bond denomination for existing bond
 - D. Change Inscription - Change the name of the existing bond owner
 - E. Other Action - Any changes not described in A, B, C, or D and includes:
 - + Address Change
 - + Delete a bond owner
 - + Cancel existing bond
 - + Spelling Correction
 - + Social Security Number correction
 - + Add/Change/Delete Co-owner/Beneficiary
9. **Amount to be allotted each pay period - TOTAL Monthly Deduction Amount to purchase bond(s)**
The minimum monthly deduction amount is \$20.00. Bond(s) will be sent when accumulated deductions total bond purchase amount.
10. **For U.S. Savings Bond - Series EE**

Bond Denomination accumulation (cost price) - Check ONE block ONLY

A \$50 total deduction will purchase a \$100 denomination bond
A \$100 total deduction will purchase a \$200 denomination bond
A \$250 total deduction will purchase a \$500 denomination bond
A \$500 total deduction will purchase a \$1000 denomination bond

For U. S. Inflation-Indexed Savings Bond - Series I

Bond Denomination accumulation (cost price) - Check ONE block ONLY

A \$50 total deduction will purchase a \$50 denomination bond
A \$75 total deduction will purchase a \$75 denomination bond
A \$100 total deduction will purchase a \$100 denomination bond
A \$500 total deduction will purchase a \$500 denomination bond
A \$1,000 total deduction will purchase a \$1000 denomination bond
11. **Owner's Name** - Bond Owner's Name (First Name, Middle Initial, Last Name)
12. **Social Security No. (required)** - Bond Owner's Social Security Number
13. **Address** - Bond Owner's address
14. **Co-Owner or Beneficiary (optional)** - Check ONE block ONLY
(complete ONLY if you checked the box Co-Owner or Beneficiary)
15. **Date and Sign**
16. **Questions about completing the form,** call National Bond & Trust Company at 1-800-426-9314.