



Savings Bond Reimbursement Application

\$25 reimbursement available for savings bond purchased for birth of an Association member's child. In order to be reimbursed, the member must purchase the bond (available at your local banks), **fill in this form, and attach the carbon copy of the form "Order for Series EE Savings Bond" (stamped by bank as \$25 paid for the \$50 bond).**

Please note: The bond application must show the child as the primary owner of the bond. The child's Social Security number is required for the bond application. For privacy purposes, if the member chooses, he/she can black out the number on the bond receipt when submitting it to NYSCOPBA.

Member / Child Information **(To be filled in by the Member applying for reimbursement)**

Member's Name _____

Child's Name _____

Child's Date of Birth _____

- I have attached a bond receipt and am requesting reimbursement of the \$25*
OR
 I am requesting a bond be purchased by the Sector for my child

By signing here, I verify that the above information is valid and that I have not previously received a savings bond from NYSCOPBA for this child.

Member's Signature: _____ Date: _____

SECTOR INFORMATION

(to be filled in by Chief Sector Steward or Treasurer when reimbursing member)

Steward Completing Form _____ / _____
(Print) (Sign)

Member was reimbursed with check # _____
OR
Savings bond was purchased with check # _____