

Series EE U.S. Savings Bonds

Purchasing U.S. Savings Bonds through the university is easy and convenient. You can purchase Series EE Savings Bonds through payroll deduction in one installment or several. Series EE Savings Bonds are sold at half of their face value and earn rates based on the market returns of 5-year treasury securities. They are backed by the full faith and credit of the United States and the income they earn is exempt from state and local income taxes. In addition, you may be eligible for special tax benefits available for investors who use Savings Bonds to save for their children's education. Visit the Payroll Web site for more information or to download the purchasing form (<http://hr.osu.edu/payroll/home.htm>).

The following are your purchasing options. You can pay in one installment or spread the payments over up to five paychecks. When all payments are made to complete the purchase, the bond will be mailed to you by the Federal Reserve Bank.

Bond Face Value	Purchase Price	Deduction Amount	# of Pay Periods
\$100	\$50	\$10.00	5
		\$12.50	4
		\$25.00	2
		\$50.00	1
\$200	\$100	\$20.00	5
		\$25.00	4
		\$50.00	2
		\$100.00	1
\$500	\$250	\$50.00	5
		\$62.50	4
		\$125.00	2
		\$250.00	1

To participate in the program, complete the form below and return to Payroll Services (also available online at <http://hr.osu.edu>). Complete a separate form for each bond purchased. If you are paid monthly, return the form by the fourth working day of the current month. If you are paid biweekly, return the form by noon on the Thursday preceding pay day to be effective the following pay day.

Series EE U.S. Savings Bonds Authorization for Purchase/Payroll Deduction

Employee Name (last, first, middle) _____ Employee ID # _____

This request is a: New bond purchase Change to an existing purchase Cancellation of bond purchase

The university is hereby authorized to deduct the following amount from my earnings each pay period:

PER PAY deduction: _____ Biweekly Monthly Bond face value _____

Please issue the Series EE U.S. Savings Bond as shown below:

Owner Name (last, first, middle) _____ Social Security Number: _____

Address _____ City _____ State _____ Zip Code _____

Co-owner Social Security #: _____ Date of Birth: _____

Beneficiary Name _____ Security #: _____ Birth: _____

This authorization will remain in effect on a continuing basis until I notify the university in writing of a change or cancellation.

Signature _____ SSN _____ Date _____ Phone _____

Return to the Office of Human Resources, Payroll Services, 1590 North High Street, Suite 300.