

Verbundkatalog Kalliope

War Savings Bond

Mann, Klaus

1943-02-17

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WAR SAVINGS BOND, CLASS A PAY RESERVATION APPLICATION

(See Instructions and conditions on reverse)

☐ OFFICER. ☐ NURSE. ☐ WARRANT OFFICER.
☐ SOLDIER. ☐ CIVILIAN. ☐ CONTRACT SURGEON.

1. Place Camp Joseph T. Robinson, Arkansas Date February 17, 1943
☐ Mrs. (Station, post, or camp) (City) (State)
2. I, ☐ Mr. Private Mann II 32697270
☐ Miss (Grade) (Last name) (First name) (Initial) (Serial number)
3. of Co C 78 Inf Bn, 15 Inf Regt, BI, hereby request and authorize a Class A Pay Reservation from my pay for the
(Regiment and Arm or Service)
4. purchase of War Savings Bonds, Series E, in the denomination of: ☒ \$25 ☐ \$50 ☐ \$100 ☐ \$500 ☐ \$1,000 MATURITY VALUE,
at the rate of \$ 3.75 each pay day beginning with pay due me on April 30, 1943
5. my pay-roll period being ☒ monthly, ☐ semi-monthly, ☐ weekly. I FURTHER AGREE that in signing this form I understand that this author-
ization will remain in effect to include last full month of my enlistment, period of active duty, or employment with War Department, unless
revoked by me, in writing, prior to that date, and that sums reserved pursuant to this authorization will not bear interest before they have been
converted into War Savings Bonds.
6. Register bonds in my name—At 1550 San Remo Drive Pacific Palisades California
☒ Co-owner—☐ Mrs. (Number and street) (City) (State)
7. List as my ☐ or ☐ Mr. Mann Catherine MMT
☐ Beneficiary—☐ Miss. (Grade) (Last name) (First name) (Initial)
- CAUTION.—See instruction No. 7 on reverse. At Same as line 6 (Number and street) (City) (State)
8. Mail bonds to*—☐ Mrs. Same as line 7 (Number and street) (City) (State)
☐ Mr. Same as line 7 (Number and street) (City) (State)
☐ Miss. Same as line 6 (Number and street) (City) (State)
9. Hold bonds in safekeeping in the Treasury Department at no expense to me and mail receipt therefor to me*—
At _____ (Number and street) (City) (State)
10. I direct that when my Bond Account is closed out the unapplied balance thereof be refunded to me—
At Same as line 6 (Number and street) (City) (State)
11. Entered on Service Record or Pay Card by CKK (Initials only)

*Select plan desired.—USE ONE, NOT BOTH.

Wherever a box ☐ appears, it is essential that subscriber indicate by check mark (✓) the appropriate title, status, or designation. Mark not more than ONE box under each heading.

W. D., A. G. O. Form 29-5—Revised
Form Approved by Comptroller General, U. S.
May 28, 1942

12. Klaus H Mann
(Signature of subscriber)

13. David C Brown 2nd Lt
(Signature of personnel or other responsible officer with grade and organization)

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INSTRUCTIONS AND CONDITIONS
Numbers used refer to items on face of form

1. Enter place and date form is executed.
2. State proper title, grade (if any), name of subscriber, and serial number (if any). Every individual whose name appears on form must be further identified by one of the following titles: Mrs., Mr., Miss, Grade. If there are TWO given names the initial of ONE may be used. Married women must use their own given names, i. e., Mrs. Mary A., NOT Mrs. John R.
3. State Arm or Service of subscriber. Give regiment, if known, of military subscriber.
4. Indicate denomination of bond desired; state amount to be deducted each pay day.
5. Indicate subscriber's pay-roll period.
6. Give home address or other permanent post-office address, if any.
7. Co-owner or Beneficiary is not necessary, but if desired, ONE person may be named as either a Co-owner or a Beneficiary, NOT BOTH. In cases of married women, see (2) above. If a Co-owner is designated, either the Co-owner or the subscriber may redeem the bond without the signature of the other. If a Beneficiary is designated the bond can be redeemed ONLY by the subscriber during his lifetime, and by the Beneficiary ONLY if he or she survives the subscriber.
8. If subscriber desires bonds to be mailed, give name and address of person to whom bonds are to be sent. Subscribers who are seldom at home when mail is delivered should designate their business or place of employment address rather than their residence address.
9. If subscriber desires Treasury Department to hold bonds in safekeeping, give address to which receipt therefor is to be mailed.
CAUTION.—If name and address are given on line 8, line 9 should be left blank or vice versa.
10. Give address to which refunds are to be sent.
11. Enter initials of person making required entries on Service Records and on other pertinent records.
12. Subscriber must sign original and duplicate copies of application in ink or indelible pencil.
13. Personnel or other Responsible Officer must sign original and duplicate copies of applications submitted by civilian and enlisted subscribers.

ADDITIONAL INSTRUCTIONS AND CONDITIONS

Disposition of forms:

ORIGINAL and DUPLICATE copies sent to Chief of Finance, War Bond Division, New Armory Building, 19th and A Streets SE., Washington, D. C.
TRIPLICATE copy retained by Commanding or Personnel Officer.
QUADRUPLICATE copy retained by Subscriber.

Amounts:

Only multiples of \$1.25 acceptable.

Minimum Reservations: (a) Officers, Nurses, Warrant Officers, Contract Surgeons, \$3.75 per month; (b) Enlisted men, \$1.25 per month; (c) Civilian employees (if paid weekly), \$1.25 per pay day; (d) Civilian employees (if paid semimonthly), \$2.50 per pay day; (e) Civilian employees (if paid monthly), \$5 per pay day.

For further instructions, see War Department Circular No. 77, March 16, 1942