

10-8-1942

War Savings Bond, October 8, 1942

Ralph Mouw

TRIPPLICATE WAR SAVINGS BOND, CLASS A PAY RESERVATION APPLICATION

(See Instructions and conditions on reverse)

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

1. Place Fort Sill Lawton Oklahoma Date October 8, 1942

Mrs. (Station, post, or camp) _____ (City) _____ (State) _____
 2. I, Mr. 2nd Lt. Mow Ralph J. 0-1171294
 Miss (Grade) _____ (Last name) _____ (First name) _____ (Initial) _____ (Serial number)

3. of Field Artillery, 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 \$ 18.75 each pay day beginning with pay due me on October 31, 1942,

5. my pay-roll period being monthly, semimonthly, 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 General Delivery Orange City Iowa
 (Number and street) (City) (State)

7. List as my Co-owner— Mrs. _____ (First name) _____ (Initial)
 or Mr. Mow Otto (None)
 Beneficiary— Miss. (Grade) _____ (Last name) _____ (First name) _____ (Initial)

CAUTION.—See instruction No. 7 on reverse. At General Delivery Orange City Iowa
 (Number and street) (City) (State)

8. Mail bonds to*— Mr. Mow Otto (None)
 Miss. (Grade) _____ (Last name) _____ (First name) _____ (Initial)

At General Delivery Orange City Iowa
 (Number and street) (City) (State)

9. Hold bonds in safekeeping in the Treasury Department unless you wish to 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 General Delivery Orange City Iowa
 (Number and street) (City) (State)

11. Based on Service Record No. Pay Card by _____ (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.
 12. Ralph J. Mow
 (Signature of subscriber)

13. 2nd Lt. F. A.
 (Signature of personnel or other responsible officer with grade and organization)

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.
TRIPPLICATE copy retained by Commanding or Personnel Officer.
QUADRUPPLICATE 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