

**\*Beneficiary's  
First Name**

**\*NOTE: As it appears on the Social Security Card.**

**Beneficiary's  
Last Name**

**Beneficiary's  
Social Security #**

**Account #**

Checking  
 Savings\*

**\*If savings, account ownership must reflect the beneficiary.**

If beneficiary is a person other than yourself, are you the Representative Payee?

Yes

Signature of Payee: \_\_\_\_\_ Date \_\_\_\_\_

468(50/pad) 12-97

**Check One:**

- Social Security (SSA)
- Supplemental Security Income (SSI)
- Veterans Compensation and Pension
- Civil Retirement/Annuity (CSA)
- Civil Service Survivor/Annuity (CSF)
- Railroad Retirement/Annuity
- Railroad Unemployment/Sickness