

SAMPLE
COMPLETED

APPLICATION SUMMARY and CERTIFICATION

Employee's Name Elizabeth XXXXX
RR Claim No. A 329. XX-XXXX

The following information was either supplied by or verified by you in support of your application for a Widow(er)'s Annuity under the Railroad Retirement Act. After you have reviewed the information, make any changes on the summary, initial the change and sign the certification on the last page. Return the certification and all pages of the summary to the RRB.

Employee Information

Social Security Number 329- XX-XXXX
Date of Birth January 2, XXXX
Date of Death August 2, XXXX

Military Service

The employee was not in active military service after September 7, 1939.

Recent Employment

The employee worked for the following companies in the last two years:

Star Stainless from 05/20/1997 to 08/01/2005

The employee did not have self-employment earnings in any of the last three years.

Railroad Employment

The employee had a current connection with the railroad industry.

Employee's Family

The employee was not survived by children or grandchildren who may be entitled to monthly benefits.

The employee was survived by a widow(er) or surviving divorced spouse who may be entitled to monthly benefits.

Justin Michaels Widow(er) 329 - XX-XXXX

The employee was survived by a parent who may be entitled to monthly benefits.

Michael Michaels Parent 329 - XX-XXXX

Applicant Information

Name and Address Justin KXXXXXX
Social Security Number 329-XX-XXXX
Daytime Telephone Number 312-555-1212

Type of Application Filed Widow(er)'s Annuity

You applied for this benefit based on your relationship to the employee.

You have requested that any payment due you be sent to the following bank account:

Citibank
123456789
123456789123456789
Checking

Applicant's Marriages

You were not married to anyone other than the employee.

You have not remarried since the employee's death.

Criminal Offense Information

Within the past 12 months you have not been imprisoned or been given a sentence of confinement due to a conviction for a criminal offense.

Other Government Benefits

You have filed or plan to file in the next three months for Social Security benefits on your own account.

You are not receiving a social security benefit.

In the past month you have not filed nor plan to file in the next three months for Railroad Retirement benefits on any account number.

You are not receiving a railroad retirement annuity.

You are not receiving nor do you expect to receive a pension or lump-sum payment based on your earnings from a Federal, state or local government agency.

Earnings Information

In 2005, your earnings were less than \$12,000.00

In 2006, you expect your total earnings will be \$15,720.00

You have not worked for a railroad or other employer in the railroad industry.

Beginning Dates and Filing Dates

You requested your annuity to begin on the earliest date permitted by law, even if you will receive a reduced annuity.

This application will protect your filing date for Social Security benefits.

Application for (Application Type - Certification)

Employee's RR Claim Number	A 329- XX-XXXX
Employee's Name	Elizabeth XXXX X
Employee's Social Security Number	329- XX-XXXX
Applicant's Name	Justin . XXXXX
Applicant's Social Security Number	329- XX-XXXX

I certify that the information I have given to the Railroad Retirement Board (RRB) in relation to this application is true to the best of my knowledge. I know that if I make a false or fraudulent statement in order to receive benefits from the RRB, I am committing a crime which is punishable under Federal law.

I have received and reviewed a summary of the information I provided. I understand that I have an obligation to advise the RRB immediately if there are any errors in the summary I received, and have made and initialed any corrections on the Summary being returned to the RRB.

I have received and reviewed the booklets RB-17 *Survivor Annuity*, RB-9s *Events that Affect a Survivor Annuity* and form G-77 *How Earnings Affect Payment of Survivor Annuities*. I understand that I am responsible for reporting events that would affect my annuity.

I agree to immediately notify the RRB, if

- I remarry;
- I begin to receive a pension or receive a lump sum payment based on my earnings from a Federal, state or local government agency;
- I file for social security benefits on **any** person's account;
- I go to work for a railroad or railroad labor organization;
- My expected earnings amount changes;
- My address changes;
- My bank account changes;
- Any person for whom I am receiving benefits dies or leaves my care;
- I am confined to a jail, prison, penal institution or correctional institution due to a conviction for a criminal offense.

Signature (First Name, Middle Initial, Last Name)

Date (Month/Day/Year)

If this certification is signed by mark ("X"), two witnesses who know the person signing must sign below, giving their full addresses and daytime telephone numbers.

Signature of Witness

Signature of Witness

Address (Street, City, State and ZIP Code)

Address(Street, City, State and ZIP Code)

(_____)_____
Daytime Telephone Number

(_____)_____
Daytime Telephone Number