

**STATEMENT OF RECLAMATION ACTION**

TO: (SSA completes this section.)

RE: (SSA completes this section.)

Attn. \_\_\_\_\_

U.S. Social Security Administration  
Office of International Operations  
P.O. Box 1756  
Baltimore, MD 21235-1756, USA

Beneficiary's Name
U.S. Social Security Claim Number
Country

**(To be completed by the Financial Institution)**

In response to your request for the return of United States Social Security entitlement(s) erroneously issued to the beneficiary above, the action taken by this institution is as follows:

[ ] Requested amount is being/was returned by Direct Credit Transfer on \_\_\_\_\_.  
(Date of Transfer)

[ ] Partial return is being/was returned by Direct Credit Transfer on \_\_\_\_\_.  
(Date of Transfer)

[ ] Return declined or no action is being taken because: (please check all appropriate reasons)

{ } Account was closed by the estate.

{ } Permission was not granted by the estate.

{ } Permission was not granted by the joint account holder.

{ } Permission is not in accordance with our country's banking laws.

{ } The Notice of Reclamation was forwarded to the estate and we have NOT received a reply. Please contact them directly at the address below:

Executor of Estate/Joint Account Holder	
Address	
Telephone Number	

Signature of Bank Official: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Bank Official/Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

## PAPERWORK REDUCTION ACT STATEMENT

~~This information meets the requirements of 44 U.S.C. §3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 5 minutes to read the instructions, gather the facts, and answer the questions. You may send comments on our time estimate above to: SSA, 1338 Annex building, Baltimore, MD 21235-0001. Only comments relating to our time estimate should be provided, not the completed form.~~

See Revised Paperwork Reduction Act Statement

## PRIVACY ACT STATEMENT

Section 204 of the Social Security Act, as amended, authorizes us to collect the requested information on this form. The information you provide will be used to assist Social Security Administration (SSA) in reclaiming erroneously issued payments. Your response is voluntary. However, failure to provide the requested information will prevent SSA from collecting payments due to our Agency.

We rarely use the information provided on this form for any purpose other than for the reasons stated above. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

- 1) To a congressional office in response to an inquiry made to that office at the request of the subject of a record;
- 2) To third party contacts such as private collection agencies and credit reporting agencies under contract with SSA and other agencies, including the Veteran's Administration, the Armed Forces, the Department of the Treasury, and State motor vehicle agencies, for the purpose of their assisting SSA in recovering program debt;
- 3) To contractors and other Federal agencies as necessary, to assist SSA in the efficient administration of its programs; and,
- 4) To facilitate statistical research, audit or investigate activities necessary to assure that integrity of Social Security programs.

A complete list of routine uses for this information is available in the System of Records Notice 60-0094. The notice, additional information regarding this form, and information regarding our programs and systems, are available on-line at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at your local Social Security office.

*The following revised PRA Statement will be inserted into the form at its next scheduled reprinting:*

**Paperwork Reduction Act Statement** - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 5 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778).** *You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.*