Appointed Rep	presentative System		
AR Menu	Employee: Jane S. D	Today's Date Is: Monday Jan 2, 2006	Help □ PolicyNet □
	Form SSA-1699 SSN	[Query] [Establish/Update]	
	Form SSA-W-9 EIN	[Query] [Establish/Update]	
	Sanctions SSN	[Query] [Establish/Update/Delete]	
	Request for Appointe	Representative's Direct Payment Information	
	Follow this link to:		
	Process a paper form	SSA-1699 completed by a representative.	
	Query the Appointed	Representative Database (ARDB) for SSA-1699 information.	
		[Quit]	

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Appointed Representativ	ve System							
Form 1699	Employee: Jane S. Doe	Today's Date Is: Monday Jan 2, 2006 Help ☐ PolicyNet						
AR Menu	Personal Information							
Dersonal/Professiona	Social Security Number:	123-45-6789						
Personal/Professiona Information	Name:	Andrew Allan Attorney Jr.						
·	Tax Mailing Address:							
Business Affiliation	Address Type	□ U.S. ○ Foreign						
Details	Street Address Line 1	[123 Apple St]						
1699 Summary	Street Address Line 2							
•	City	[_Baltimore]						
	State	[MD][V]						
	Zip Code	[21207]						
	Professional Information							
	Are you registering to receive parattorney?	ayments as an attorney or an eligible for direct payment non-						
	□ Attorney	O Eligible for Direct Payment Non-Attorney						
		name of one court to which you have been admitted to practice law ng. If you are admitted to more than one court, please provide						
	Principal Location of Court: (e.g., State, Territory, or District	of Columbia) [<u>Virginia</u>][V]						
	Full Name of the Court:							
	(e.g., Supreme Court of Virginia the Southern District of New Yo for the 9 th Circuit)							
	Attestation:	Attestation:						
	The applicant must sign the pap processed. If the applicant has a box:							
		[Quit] [Previous] [Next]						

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orm 1699	Employee: Jane S. Doe	•	Today's Date Is: Monday Jan 2, 2006 Help D PolicyN					
	Social Security N	Social Security Number: 123-			-45-6789			
AR Menu	Name:	Name:			ndrew Allan Attorney Jr.			
Personal/Professional	Business Affiliati	Business Affiliation Details						
Information	Type of Affiliation	Sole Prop Single-Men	orietor or nber LLC/LLF	•	0 P	artner	or Salaried Employee	
Business Affiliation	EIN of Entity	[Lookup Name]						
Details	Name of Entity							
1699 Summary	Notice and	Copy from Tax Mailing Address						
J	Payment Address	○ U.S		□ Foreign		gn		
	Addiess	Street Address Line 1		[Calle Cuatro # 21]		1]		
	(Address for SSA notices and, when	Street Address Line 2						
	direct deposit does not apply, fee	City		[Cartagena]				
	payment.)	Country						
			Other [100				
	Dhana Numbar	Postal Code		[CA-				
	Phone Number	[] U.S	101 ovt. []		0 F	oreign		
	Fax Number	[1234567890] ext: [] O U.S			ПЕО	reign		
	(optional)	[123456789	0012345]		□ ГО	reign		
	Payment Prefere		-					
		Method of Payment		Check			O Direct Deposit	
	Are you the own account?	ner or co-owr	ner of this	O Yes			INO	
	Nine-Digit Routi	Nine-Digit Routing Number Name of Financial Institution Type of Account					[Lookup Financial Institution]	
	Name of Financ							
	Type of Accoun			OCheck	ing		O Savings	
		Account Number						

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Appointed Representati	-	Tod	levile Dete lev	Manday	1em 2, 2006	Llolp 🗆	DelievNet
Form 1699	Employee: Jane S. Doe		lay's Date Is:	Monday 、	Jan 2, 2006	неір 🖵	PolicyNet
	Social Security Numb	Der: 123-45-6	6789				
AR Menu	Name:		Allan Attorney Jr.				
Davida al/Dudacion	Business Affiliation D	Details					
Personal/Profession Information	Type of Affiliation	O Sole Proprietor or Single-Member LLC/LLP					
Business Affiliation	EIN of Entity	[<u>111111111</u>] [Lookup Name]					
<i>Details</i>	Name of Entity	Binder and Binder					
1000 5	Notice and	Copy from Tax Mailing Address					
1699 Summary	Payment Address	🛮 U.S		O Forei	○ Foreign		
	Audiess	Street Address Line	L	[123 Frederick Rd]			
	(Address for SSA notices and, when direct	Street Address Line	L	Suite 102]		
	deposit does not apply, fee payment.)	City			<u> Baltimore</u>		
	lice payments	State			[MD][V]		
		Zip Code	[212	[21228]			
	Phone Number	I U.S	Foreign	Foreign			
		[4104567890] ext: [2					
	Fax Number	□ U.S O		○ Foreign			
	(optional)	[4104567891]					
	Payment Preference	ce for this Affiliation:					
	Method of Payment		O Check		Direct Deposit		
	Are you the owner o account?	or co-owner of this	1 Yes		O No		
	Nine-Digit Routing N	Nine-Digit Routing Number Name of Financial Institution		[123456789]		ıncial Instit	tution]
	Name of Financial Ir			Bank of America			
	Type of Account		Checking		O Savings		
	Account Number	Account Number		[121212121212]			
		[Quit] [Previous]	[Next] [Add	Another A	ffiliation]		

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	Α	[View/Edit] pplicant has signed t	11-1111111 Partner or Salaried employee the form SSA-1699.	Suite 102 Baltimore, MD 21228 (410) 456-7890 ext: 230 Fax: (410) 456-7891	Bank of America RTN:123456789 Acct:121212121212 Checking				
		Please verify data entered and click Submit. [Quit] [Previous] [Submit]							

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