





|    |   |   |
|----|---|---|
| 12 | R | *CHILD UNDER 18, STUDENT 18 TO 19, 18 OR OLDER AND DISABLED BEFORE 22 |
| 13 | E | WORK OR EARNINGS IN SSSS SSSS SSSS SSSS (Y/N): X                      |
| 14 | S |   |
| 15 | E | DISABLED IN LAST 14 MONTHS (Y/N): X ONSET DATE: 99999999              |
| 16 | R | IF YES, APPLYING FOR DISABILITY ON THIS ACCOUNT (Y/N): X              |
| 17 | V | *SELECT FILED OR INTEND TO FILE FOR SSI: 9                            |
| 18 | E | 1=YES   |
| 19 | D | 2=NOT DISABLED, BLIND OR WITHIN W MONTHS OF AGE 65 OR OLDER           |
| 20 |   | 3=DOES NOT WISH TO FILE.  |
| 21 |   |   |
| 22 |   |   |
| 23 |   | ***** (LINE 23 RESERVED FOR APPLICATIONS INFORMATION)*****            |
| 24 |   | ***** (LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION)*****       |

SCREEN FR  
MSOM

**MCS**

**IDENTIFICATION SCREEN 2**

| Ln | 0 | 1  | 2     | 3                    | 4        | 5                | 6     | 7              |
|----|---|--|-------|----------------------|----------|------------------|-------|----------------|
| No | 1 | 2345678901234567890123456789012345678901234567890123456789012345678901 |       |                      |          |                  |       |                |
| 1  | C | MCS  |       |                      |          |                  |       |                |
| 2  | 0 | NH SSSSSSSSS   | SSSSS | SSSSSSSSSS           |          | CL SSSSSSSSS     | SSSSS | SSSSSS         |
| 3  | L |  |       |                      |          |                  |       |                |
| 4  | U | PRIOR APPLICATION FOR RSDI (Y/N): X                                    |       |                      |          | FOR SSI (Y/N): X |       | FOR MEDICARE ( |
| 5  | M | CROSS REFERENCE SSN: 9999999999  |       |                      | STAT: XX | SSN: 999999999   |       | STAT: X        |
| 6  | N | [~NH NAME IN PRIOR APPLICATION   |       |                      |          |                  |       |                |
| 7  | * | [ FIRST NAME MI LAST NAME  |       |                      |          | SSN              |       |                |
| 8  | O | XXXXXXXXXX X   |       | XXXXXXXXXXXXXXXXXXXX |          | XXXXXXXXXX       |       |                |
| 9  | N | XXXXXXXXXX X   |       | XXXXXXXXXXXXXXXXXXXX |          | XXXXXXXXXX       |       |                |
| 10 | E | MULTIPLE SSN: 999999999  |       | 999999999            |          | 999999999        |       | 999999999      |
| 11 |   |  |       |                      |          |                  |       |                |
| 12 | R |  |       |                      |          |                  |       |                |
| 13 | E |  |       |                      |          |                  |       |                |
| 14 | S |  |       |                      |          |                  |       |                |
| 15 | E |  |       |                      |          |                  |       |                |
| 16 | R |  |       |                      |          |                  |       |                |
| 17 | V |  |       |                      |          |                  |       |                |
| 18 | E |  |       |                      |          |                  |       |                |
| 19 | D |  |       |                      |          |                  |       |                |
| 20 |   |  |       |                      |          |                  |       |                |
| 21 |   |  |       |                      |          |                  |       |                |
| 22 |   |  |       |                      |          |                  |       |                |
| 23 |   | ***** (LINE 23 RESERVED FOR APPLICATIONS INFORMATION)*****             |       |                      |          |                  |       |                |
| 24 |   | ***** (LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION)*****        |       |                      |          |                  |       |                |

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**MCS**

**ADDITIONAL BENEFITS**

| Ln | 0 | 1  | 2            | 3      | 4  | 5                              | 6          | 7          |
|----|---|--|--------------|--------|--|--------------------------------|------------|------------|
| No | 1 | 2345678901234567890123456789012345678901234567890123456789012345678901   |              |        |  |                                |            |            |
| 1  | C | MCS  | TRANSFER TO: |        | ADDITIONAL BENEFITS                          |                                |            |            |
| 2  | 0 | NH   | SSSSSSSSSS   | SSSSS  | SSSSSSSSS                                    | CL                             | SSSSSSSSSS | SSSSS      |
| 3  | L | ACTIVE U.S. MILITARY/RESERVE/NATL GUARD SERVICE AFTER SEPT 7 1939 (Y/N): |              |        |  |                                |            |            |
| 4  | U | WORKED IN RR FOR 5 YEARS OR MORE (Y/N):                                  | N            |        |  | SPOUSE (Y/N):                  | N          |            |
| 5  | M | RECEIVING RR RETIREMENT PENSION/ANNUITY (Y/N):                           | N            |        |  | SPOUSE (Y/N):                  | N          |            |
| 6  | N | COVERED UNDER FOREIGN SSA (Y/N):   | N            |        | COUNTRY:                                     |                                |            | IF COVERED |
| 7  | * | FILING FOR FOREIGN SSA (Y/N):  |              |        | REQ FOREIGN QC'S FOR U.S. FILING (Y/N):      |                                |            |            |
| 8  | 0 | SPOUSE COVERED UNDER SSA OF OTHER COUNTRY (Y/N):                         |              |        |  | COUNTRY:                       |            |            |
| 9  | N | CIVILIAN EMPLOYEE OF FEDERAL GOVT IN JAN 1983 (Y/N):                     | N            |        |  | SPOUSE (Y/N):                  |            |            |
| 10 | E | JAPANESE INTERNEE (Y/N):   | N            |        | VOW OF POVERTY (Y/N):                        |                                |            |            |
| 11 |   |  |              |        |  |                                |            |            |
| 12 | R | QUALITY FOR US FED/STATE/LOCAL GOVT PENSION BASED ON OWN WORK (Y/N):     |              |        |  |                                |            |            |
| 13 | E |  |              |        |  |                                |            |            |
| 14 | S | CURRENTLY ENTITLED TO A PENSION NOT COVERED UNDER SSA (Y/N):             | X            |        |  |                                |            |            |
| 15 | E | IF NO, DO YOU EXPECT TO BE ENTITLED TO A PENSION NOT COVERED UNDER SSA   |              |        |  |                                |            |            |
| 16 | R | IN THE FUTURE (Y/N):   | X            |        | IF YES, SHOW FUTURE ENTITLEMENT DATE (MMYY): |                                |            |            |
| 17 | V |  |              |        |  |                                |            |            |
| 18 | E | FILING FOR MEDICARE ONLY, RESTRICTING MONTHLY BENEFITS (Y/N):            | N            |        |  |                                |            |            |
| 19 | D | WILL MEDICARE APPLY:   | 2            | 1. YES | 2. NO  | 3. ALREADY ENROLLED ON ANOTHER |            |            |
| 20 |   |  |              |        |  |                                |            |            |
| 21 |   | IF CLAIMANT IS FILING AS A SURVIVING SPOUSE, IS CLAIMANT                 |              |        |  |                                |            |            |
| 22 |   | FILING FOR BENEFITS ON OWN RECORD (Y/N):                                 |              |        |  |                                |            |            |
| 23 |   | ***** (LINE 23 RESERVED FOR APPLICATIONS INFORMATION) *****              |              |        |  |                                |            |            |
| 24 |   | ***** (LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION) *****         |              |        |  |                                |            |            |

SCREEN FR  
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**MCS**

**NH IDENTIFICATION**

| Ln | 0 | 1   | 2              | 3                    | 4                 | 5  | 6              | 7                   |
|----|---|---|----------------|----------------------|-------------------|----|----------------|---------------------|
| No | 1 | 2345678901234567890123456789012345678901234567890123456789012345678901      |                |                      |                   |    |                |                     |
| 1  | C | MCS   |                |                      | NH IDENTIFICATION |    |                |                     |
| 2  | 0 | NH  | SSSSSSSSSS     | SSSSS                | SSSSSSSSSSS       | CL | SSSSSSSSSS     | SSSSS               |
| 3  | L |   |                |                      |                   |    |                |                     |
| 4  | U | EVER MARRIED (Y/N):   | X              |                      |                   |    |                |                     |
| 5  | M | CHILD UNDER 18, STUDENT 18 TO 19, 18 OR OLDER AND DISABLED BEFORE 22 (Y/N): |                |                      |                   |    |                |                     |
| 6  | N | NH DEP PARENTS (Y/N):   | X              |                      |                   |    |                |                     |
| 7  | * |   |                |                      |                   |    |                |                     |
| 8  | 0 | WORK LAST YEAR OR THIS YEAR (Y/N):  | X              |                      |                   |    |                |                     |
| 9  | N | PRIOR APPLICATION FOR RSDI (Y/N):   | X              |                      | FOR SSI (Y/N):    | X  |                | FOR MEDICARE (Y/N): |
| 10 | E | CROSS REFERENCE   | SSN: 999999999 |                      | STAT: XX          |    | SSN: 999999999 | STA                 |
| 11 |   | NH NAME IN PRIOR APPLICATION: XXXXXXXXXXXX                                  | X              | XXXXXXXXXXXXXXXXXXXX |                   |    | SSN: 999999999 |                     |
| 12 | R | NH NAME IN PRIOR APPLICATION: XXXXXXXXXXXX                                  | X              | XXXXXXXXXXXXXXXXXXXX |                   |    | SSN: 999999999 |                     |





MCS

NH MARRIAGE

| Ln | 0 | 1   | 2 | 3 | 4 | 5           | 6 | 7 |
|----|---|---|---|---|---|-------------|---|---|
| No | 1 | 2345678901234567890123456789012345678901234567890123456789012345678901    |   |   |   |             |   |   |
| 1  | C | MCS   |   |   |   | NH MARRIAGE |   |   |
| 2  | 0 | NH: SSSSSSSSS SSSSS SSSSSSSSSSS CL: SSSSSSSSS SSSSS SSSSSSSSSSS           |   |   |   |             |   |   |
| 3  | L | *SPOUSE'S FIRST NAME: XXXXXXXXXXXXXXXX MI: X *LAST NAME: XXXXXXXXXXXXXXXX |   |   |   |             |   |   |
| 4  | U | SPOUSE'S SSN: 9999999999  |   |   |   |             |   |   |
| 5  | M | SPOUSE'S BIRTHDATE (MMDDCCYY): 99999999 IF BIRTHDATE UNKNOWN, AGE         |   |   |   |             |   |   |
| 6  | N | *MARRIAGE DATE (MMDDCCYY): 99999999 *PROOF (Y/N): A                       |   |   |   |             |   |   |
| 7  | * | MARRIAGE CITY: XXXXXXXXXXXXXXXX MARRIAGE STATE/FOREIGN COUNTRY            |   |   |   |             |   |   |
| 8  | O | SELECT MARRIAGE TYPE: 9 1=CLERGY/PUBLIC OFFICIAL                          |   |   |   |             |   |   |
| 9  | N | 2=COMMON LAW  |   |   |   |             |   |   |
| 10 | E | 3=OTHER CEREMONIAL  |   |   |   |             |   |   |
| 11 |   | 4=DEEMED.   |   |   |   |             |   |   |
| 12 | R | *MARRIAGE ENDED(Y/N): X MARRIAGE END DATE (MMDDCCYY): 99999999 PROOF      |   |   |   |             |   |   |
| 13 | E | MARRIAGE ENDED CITY: XXXXXXXXXXXXXXXX MARRIAGE ENDED STATE/FOREIGN COU    |   |   |   |             |   |   |
| 14 | S | SELECT REASON: 9 1=DEATH  |   |   |   |             |   |   |
| 15 | E | 2=DIVORCE   |   |   |   |             |   |   |
| 16 | R | 3=ANNULMENT OF VOIDABLE   |   |   |   |             |   |   |
| 17 | V | 4=PUTATIVE  |   |   |   |             |   |   |
| 18 | E | 5=VOID/VOIDED.  |   |   |   |             |   |   |
| 19 | D |   |   |   |   |             |   |   |
| 20 |   | IF SPOUSE DECEASED, DATE OF DEATH (MMDDCCYY): 99999999                    |   |   |   |             |   |   |
| 21 |   | *OTHER MARRIAGES: (Y/N): A DELETE SCREEN: (Y/N):                          |   |   |   |             |   |   |
| 22 |   | PAGE: 9 TRANSFER TO: XXXXXXXXXXXXXXXX                                     |   |   |   |             |   |   |
| 23 |   | ***** (LINE 23 RESERVED FOR APPLICATIONS INFORMATION) *****               |   |   |   |             |   |   |
| 24 |   | ***** (LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION) *****          |   |   |   |             |   |   |

SCREEN FR  
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# MCS

## WORK HISTORY

| Ln | 0 | 1  | 2  | 3  | 4            | 5          | 6          | 7             |
|----|---|--|--|--|--------------|------------|------------|---------------|
| No | 1 | 234567890  | 1234567890   | 1234567890                                   | 1234567890   | 1234567890 | 1234567890 | 1234567890    |
| 1  | C | MCS  | TRANSFER TO: XXX                                     |  | WORK HISTORY |            |            |               |
| 2  | 0 | NH   | SSSSSSSS   | SSSS   | SSSSSSSSSS   | CL         | SSSSSSSS   | SSSS SSSSSSSS |
| 3  | L |  |  |  |              |            |            |               |
| 4  | U | EMPLOYED IN  | SSSS SSSS SSSS SSSS                                  | (Y/N): X                                     |              | MMYY       |            | MMYY          |
| 5  | M | EMPLOYER NAME & ADDRESS  |  |  |              | START DATE |            | END DATE      |
| 6  | N | 1.   | XX |  |              | 9999       |            | 9999          |
| 7  | * |  | XX |  |              |            |            |               |
| 8  | O | 2.   | XX |  |              | 9999       |            | 9999          |
| 9  | N |  | XX |  |              |            |            |               |
| 10 | E | 3.   | XX |  |              | 9999       |            | 9999          |
| 11 |   |  | XX |  |              |            |            |               |
| 12 | R | AUTHORIZATION TO CONTACT EMPLOYERS (Y/N):                        | X  |  |              |            |            |               |
| 13 | E | CORPORATE OFFICER (Y/N):   | X  | RELATED TO CORPORATE OFFICER (Y/N):          | X            |            |            |               |
| 14 | S | CLOSE/FAMILY CORPORATION (Y/N):                                  | X  |  |              |            |            |               |
| 15 | E | SELF-EMPLOYED IN   | SSSS SSSS SSSS SSSS                                  | (Y/N): X                                     |              |            |            |               |
| 16 | R | IF YES, SHOW: YEARS  |  | TYPE OF BUSINESS                             |              |            |            | NET OVER      |
| 17 | V |  | 99   | XX |              |            |            | X             |
| 18 | E |  | 99   | XX |              |            |            | X             |
| 19 | D |  | 99   | XX |              |            |            | X             |
| 20 |   |  | 99   | XX |              |            |            | X             |
| 21 |   |  |  |  |              |            |            |               |
| 22 |   | MORE (Y/N):  | X  | DELETE THIS PAGE (Y/N):                      | X            | PAGE:      | S          |               |
| 23 |   | ***** (LINE 23 RESERVED FOR APPLICATIONS INFORMATION) *****      |  |  |              |            |            |               |
| 24 |   | ***** (LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION) ***** |  |  |              |            |            |               |

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## EARNINGS

| Ln | 0 | 1                               | 2                   | 3                         | 4          | 5          | 6          | 7          |
|----|---|---------------------------------|---------------------|---------------------------|------------|------------|------------|------------|
| No | 1 | 234567890                       | 1234567890          | 1234567890                | 1234567890 | 1234567890 | 1234567890 | 1234567890 |
| 1  | C | MCS                             | TRANSFER TO:        |                           | EARNINGS   |            |            |            |
| 2  | 0 | NH                              | SSSSSSSS            | SSSS                      | SSSSSSSSSS | CL         | SSSSSSSS   | SSSS SSSS  |
| 3  | L |                                 |                     |                           |            |            |            |            |
| 4  | U | LIST ALL EARNINGS AND TYPES FOR | 2001 2002 2003      |                           |            |            |            |            |
| 5  | M | TYPES ARE: 1=FICA WAGES         | 2=SEI               | 3=EMPLOYEE REPORTIED TIPS | 4=RR LAG   |            |            |            |
| 6  | N | PROOF CODES ARE: P=PROVEN       | R=READILY AVAILABLE | N=NOT AVAILABLE           | D=DELETE   |            |            |            |
| 7  | * |                                 | YEAR                | TYPE                      | AMOUNT     | PRF        |            |            |
| 8  | O |                                 | 99                  | 9                         | 99999.99   | A          |            |            |
| 9  | N |                                 | 99                  | 9                         | 99999.99   | A          |            |            |
| 10 | E |                                 | 99                  | 9                         | 99999.99   | A          |            |            |
| 11 |   |                                 | 99                  | 9                         | 99999.99   | A          |            |            |
| 12 | R |                                 | 99                  | 9                         | 99999.99   | A          |            |            |
| 13 | E |                                 | 99                  | 9                         | 99999.99   | A          |            |            |

|    |   |   |  |    |   |          |   |  |
|----|---|---|--|----|---|----------|---|--|
| 14 | S |   |  | 99 | 9 | 99999.99 | A |  |
| 15 | E |   |  | 99 | 9 | 99999.99 | A |  |
| 16 | R |   |  | 99 | 9 | 99999.99 | A |  |
| 17 | V |   |  | 99 | 9 | 99999.99 | A |  |
| 18 | E |   |  | 99 | 9 | 99999.99 | A |  |
| 19 | D |   |  | 99 | 9 | 99999.99 | A |  |
| 20 |   | DO YOU WISH US TO COMPUTE YOUR BENEFITS AND COMPLETE YOUR CLAIM WITHOUT |  |    |   |          |   |  |
| 21 |   | UNPOSTED RECENT EARNINGS (Y/N):   |  |    |   |          |   |  |
| 22 |   |   |  |    |   |          |   |  |
| 23 |   | ***** (LINE 23 RESERVED FOR APPLICATIONS INFORMATION) *****             |  |    |   |          |   |  |
| 24 |   | ***** (LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION) *****        |  |    |   |          |   |  |

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**MCS**

**NH MILITARY SERVICE**

|    |   |   |                    |                     |                               |             |                    |       |
|----|---|---|--------------------|---------------------|-------------------------------|-------------|--------------------|-------|
| Ln | 0 | 1   | 2                  | 3                   | 4                             | 5           | 6                  | 7     |
| No | 1 | 2345678901234567890123456789012345678901234567890123456789012345678901  |                    |                     |                               |             |                    |       |
| 1  | C | MCS   |                    | NH MILITARY SERVICE |                               |             |                    |       |
| 2  | 0 | NH: SSSSSSSSS SSSSS SSSSSSSSSSS   |                    |                     | CL: SSSSSSSSS SSSSS SSSSSSSSS |             |                    |       |
| 3  | L | FIRST NAME USED IN SERVICE: XXXXXXXXXXXX MI: X LAST NAME: SSSSSSSSSSSSS |                    |                     |                               |             |                    |       |
| 4  | U | SERVICE NO: XXXXXXXXXXX   |                    |                     |                               |             |                    |       |
| 5  | M | *RECEIVE OR ELIGIBLE FOR MIL OR CIV FEDERAL AGENCY BENEFIT (SELECT ONE) |                    |                     |                               |             |                    |       |
| 6  | N | 1=CIVILIAN 2=MILITARY 3=BOTH 4=NONE.                                    |                    |                     |                               |             |                    |       |
| 7  | * | [ A/R   | BRANCH OF SERVICE  | START               | END                           | N/E         | RANK               | PROOF |
| 8  | O | X   | XXXXXXXXXXXXXXXXXX | 999999              | 999999                        | X           | XXXXXXXXXXXXXXXXXX | XXX   |
| 9  | N | X   | XXXXXXXXXXXXXXXXXX | 999999              | 999999                        | X           | XXXXXXXXXXXXXXXXXX | XXX   |
| 10 | E | X   | XXXXXXXXXXXXXXXXXX | 999999              | 999999                        | X           | XXXXXXXXXXXXXXXXXX | XXX   |
| 11 |   | X   | XXXXXXXXXXXXXXXXXX | 999999              | 999999                        | X           | XXXXXXXXXXXXXXXXXX | XXX   |
| 12 | R | X   | XXXXXXXXXXXXXXXXXX | 999999              | 999999                        | X           | XXXXXXXXXXXXXXXXXX | XXX   |
| 13 | E | X   | XXXXXXXXXXXXXXXXXX | 999999              | 999999                        | X           | XXXXXXXXXXXXXXXXXX | XXX   |
| 14 | S | X   | XXXXXXXXXXXXXXXXXX | 999999              | 999999                        | X           | XXXXXXXXXXXXXXXXXX | XXX   |
| 15 | E | X   | XXXXXXXXXXXXXXXXXX | 999999              | 999999                        | X           | XXXXXXXXXXXXXXXXXX | XXX   |
| 16 | R | X   | XXXXXXXXXXXXXXXXXX | 999999              | 999999                        | X           | XXXXXXXXXXXXXXXXXX | XXX   |
| 17 | V | X   | XXXXXXXXXXXXXXXXXX | 999999              | 999999                        | X           | XXXXXXXXXXXXXXXXXX | XXX   |
| 18 | E | IS DEVELOPMENT OF VA SURVIVOR PENSION REQUIRED (Y/N): X                 |                    |                     |                               |             |                    |       |
| 19 | D | [ JAPANESE INTERNEE   | START              | END                 | PROOF                         | HOURLY WAGE |                    |       |
| 20 |   |   | 999999             | 999999              | X                             | 99999999    |                    |       |
| 21 |   |   | 999999             | 999999              | X                             | 99999999    |                    |       |
| 22 |   | PF1 FOR HELP  | MORE (Y/N): X      |                     | PAGE: 1                       | TRANSFER    |                    |       |
| 23 |   | ***** (LINE 23 RESERVED FOR APPLICATIONS INFORMATION) *****             |                    |                     |                               |             |                    |       |
| 24 |   | ***** (LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION) *****        |                    |                     |                               |             |                    |       |

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**MCS**

**NH MILITARY RETIREMENT/FEDERAL BENEFIT**





**MCS**

**CLAIMANT MAILING ADDRESS**

| Ln | 0 | 1  | 2                        | 3 | 4 | 5  | 6  | 7 |  |
|----|---|--|--------------------------|---|---|--|----|---|--|
| No | 1 | 2345678901234567890123456789012345678901234567890123456789012345678901 |                          |   |   |  |    |   |  |
| 1  | C | MCS  | CLAIMANT MAILING ADDRESS |   |   |  |    |   |  |
| 2  | 0 | NH: <u>SSSSSSSSSS</u> <u>SSSSS</u> <u>SSSSSSSSSS</u>                   |                          |   |   | CL: <u>SSSSSSSSSS</u> <u>SSSSS</u> <u>SSSSSSSSSS</u> |    |   |  |
| 3  | L |  |                          |   |   |  |    |   |  |
| 4  | U |  |                          |   |   |  |    |   |  |
| 5  | M |  |                          |   |   |  |    |   |  |
| 6  | N | *ADDRESS 1: <u>PPPPPPPPPPPPPPPPPPPPPP</u>                              |                          |   |   | ADDRESS 2: <u>PPPPPPPPPPPPPPPP</u>                   |    |   |  |
| 7  | * | ADDRESS 3: <u>PPPPPPPPPPPPPPPPPPPPPP</u>                               |                          |   |   | ADDRESS 4: <u>PPPPPPPPPPPPPPPP</u>                   |    |   |  |
| 8  | 0 | *CITY: <u>PPPPPPPPPPPPPPPPPPPPPP</u>                                   |                          |   |   | STATE: <u>PP</u>                                     | ZI |   |  |
| 9  | N | STATE & COUNTY CODE: <u>PPPPPP</u>                                     |                          |   |   | COUNTY: <u>XXXXXXXXXXXXXXXX</u>                      |    |   |  |
| 10 | E |  |                          |   |   |  |    |   |  |
| 11 |   | COUNTRY: <u>PPPPPPPPPPPPPPPPPPPPPP</u>                                 |                          |   |   | CONSULAR CODE: <u>PP</u>                             |    |   |  |
| 12 | R | FOREIGN POSTAL ZONE: <u>PPPPPPPPPPPPPP</u>                             |                          |   |   |  |    |   |  |
| 13 | E |  |                          |   |   |  |    |   |  |
| 14 | S | BANK ACCOUNT (Y/N): X  |                          |   |   | DIRECT EXPRESS (Y/N): X                              |    |   |  |
| 15 | E |  |                          |   |   |  |    |   |  |
| 16 | R | DIRECT DEPOSIT ROUTING TRANSIT NUMBER: <u>999999999</u>                |                          |   |   | ACCOUNT TYPE   |    |   |  |
| 17 | V | DEPOSITOR ACCOUNT NUMBER: <u>99999999999999999</u>                     |                          |   |   |  |    |   |  |
| 18 | E |  |                          |   |   |  |    |   |  |
| 19 | D |  |                          |   |   |  |    |   |  |
| 20 |   | DOMESTIC PHONE: <u>PPPPPPPPPP</u>                                      |                          |   |   | FOREIGN PHONE: <u>PPPPPPPPPP</u>                     |    |   |  |
| 21 |   |  |                          |   |   |  |    |   |  |
| 22 |   |  |                          |   |   |  |    |   |  |
| 23 |   | ***** (LINE 23 RESERVED FOR APPLICATIONS INFORMATION) *****            |                          |   |   |  |    |   |  |
| 24 |   | ***** (LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION) *****       |                          |   |   |  |    |   |  |

SCREEN FR  
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**MCS**

**MAILING ADDRESS**

| Ln | 0 | 1  | 2                         | 3 | 4 | 5  | 6  | 7 |  |
|----|---|--|---------------------------|---|---|--|----|---|--|
| No | 1 | 2345678901234567890123456789012345678901234567890123456789012345678901 |                           |   |   |  |    |   |  |
| 1  | C | MCS  | APPLICANT MAILING ADDRESS |   |   |  |    |   |  |
| 2  | 0 | NH: <u>SSSSSSSSSS</u> <u>SSSSS</u> <u>SSSSSSSSSS</u>                   |                           |   |   | CL: <u>SSSSSSSSSS</u> <u>SSSSS</u> <u>SSSSSSSSSS</u> |    |   |  |
| 3  | L |  |                           |   |   |  |    |   |  |
| 4  | U | APPLICANT NAME:  |                           |   |   |  |    |   |  |
| 5  | M |  |                           |   |   |  |    |   |  |
| 6  | N | *ADDRESS 1: <u>PPPPPPPPPPPPPPPPPPPPPP</u>                              |                           |   |   | ADDRESS 2: <u>PPPPPPPPPPPPPPPP</u>                   |    |   |  |
| 7  | * | ADDRESS 3: <u>PPPPPPPPPPPPPPPPPPPPPP</u>                               |                           |   |   | ADDRESS 4: <u>PPPPPPPPPPPPPPPP</u>                   |    |   |  |
| 8  | 0 | *CITY: <u>PPPPPPPPPPPPPPPPPPPPPP</u>                                   |                           |   |   | STATE: <u>PP</u>                                     | ZI |   |  |
| 9  | N | STATE & COUNTY CODE: <u>PPPPPP</u>                                     |                           |   |   | COUNTY: <u>XXXXXXXXXXXXXXXX</u>                      |    |   |  |
| 10 | E |  |                           |   |   |  |    |   |  |
| 11 |   | COUNTRY: <u>PPPPPPPPPPPPPPPPPPPPPP</u>                                 |                           |   |   | CONSULAR CODE: <u>PP</u>                             |    |   |  |













# MCS

## NUMIDENT/DEATH ALERT

| Ln | 0 | 1  | 2                    | 3                    | 4  | 5                     | 6                    | 7 |
|----|---|--|----------------------|----------------------|----|-----------------------|----------------------|---|
| No | 1 | 2345678901234567890123456789012345678901234567890123456789012345678901 |                      |                      |    |                       |                      |   |
| 1  | C | MCS  |                      |                      |    | NUMIDENT/DEATH ALERT  |                      |   |
| 2  | 0 | NH   | SSSSSSSSSS S         | SSSSSSSSSSSSSSSSSSSS | CL | SSSSSSSSSS S          | SSSSSSSSSSSSSSSSSSSS |   |
| 3  | L |  |                      |                      |    |                       |                      |   |
| 4  | U | DATA ENTERED FOR NH  |                      |                      |    | NUMIDENT DATA         |                      |   |
| 5  | M | SSN: SSSSSSSSS   |                      |                      |    |                       |                      |   |
| 6  | N | NAME: SSSSSSSSS S  | SSSSSSSSSSSSSSSSSSSS |                      |    | NAME: SSSSSSSSS S     | SSSSSSSSSSSSSSSSSSSS |   |
| 7  | * | DATE OF BIRTH: SSSSSS  |                      |                      |    | DATE OF BIRTH: SSSSSS |                      |   |
| 8  | O | SEX: S   |                      |                      |    | SEX: S                |                      |   |
| 9  | N |  |                      |                      |    | DATE OF DEATH: SSSSSS |                      |   |
| 10 | E |  |                      |                      |    |                       |                      |   |
| 11 |   |  |                      |                      |    |                       |                      |   |
| 12 | R | DATA ENTERED FOR CL  |                      |                      |    | NUMIDENT DATA         |                      |   |
| 13 | E | SSN: SSSSSSSSS   |                      |                      |    |                       |                      |   |
| 14 | S | NAME: SSSSSSSSS S  | SSSSSSSSSSSSSSSSSSSS |                      |    | NAME: SSSSSSSSS S     | SSSSSSSSSSSSSSSSSSSS |   |
| 15 | E | DATE OF BIRTH: SSSSSS  |                      |                      |    | DATE OF BIRTH: SSSSSS |                      |   |
| 16 | R | SEX: S   |                      |                      |    | SEX: S                |                      |   |
| 17 | V |  |                      |                      |    | DATE OF DEATH: SSSSSS |                      |   |
| 18 | E |  |                      |                      |    |                       |                      |   |
| 19 | D |  |                      |                      |    |                       |                      |   |
| 20 |   |  |                      |                      |    |                       |                      |   |
| 21 |   |  |                      |                      |    |                       |                      |   |
| 22 |   |  |                      |                      |    |                       |                      |   |
| 23 |   | ***** (LINE 23 RESERVED FOR APPLICATIONS INFORMATION) *****            |                      |                      |    |                       |                      |   |
| 24 |   | ***** (LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION) *****       |                      |                      |    |                       |                      |   |

SCREEN FR  
MSOM

