

Application for Widow(er)'s Annuity

DO NOT WRITE IN THIS SPACE

OFFICIALLY FILED

MONTH	DAY	YEAR

OFFICE NUMBER

--	--	--	--

APPROVED

--

APPLICATION NUMBER

--	--	--	--

DATE CODED

MONTH	DAY	YEAR

CODED BY

--

Section 1 General Instructions

Before you complete this application, be sure to read booklet RB-17, Survivor Annuities, which explains information you will need to answer many of the questions in this application. Also be sure to read the important notices at the end of the booklet.

If filing for a widow(er)'s disability also complete Form AA-17b.

Type or print legibly in ink. If you need more space than is provided to answer a question, use Section 9 for this purpose. If you do not know the answer to a question, print "Unknown" in the space provided for the answer.

When entering dates, always use numbers. Also, be sure there is one number in each box. For example, you would enter February 12, 2009, as:

MONTH	DAY	YEAR
0	2	2 0 0 9

Some items in this application will not apply to you so you will not need to answer them. Based on your answer to a question, you may be told to skip to another item number, or even another section. Follow the instructions that tell you to "Go to" another item. These are designed to save you time and help you move through the application form quickly, filling in only necessary information. **If no "Go to" instructions are given, answer the next item in order. Do not skip any items unless directed to do so.**

If you are completing this application on behalf of someone else, you must answer each question as it applies to **the applicant**.

Section 2 Identifying Information

Check the information entered by the Railroad Retirement Board (RRB) for Items 1 through 6 for accuracy.

- If the information is correct, **go to Section 3.**
- If the information is not correct, cross out the incorrect information and enter the correct information above it.
- If the information is missing, fill it in.

Employee Identification	1	EMPLOYEE'S NAME →		
	2	EMPLOYEE'S SOCIAL SECURITY NUMBER →		
	3	EMPLOYEE'S RAILROAD RETIREMENT CLAIM NUMBER →		
Applicant Identification	4	APPLICANT'S NAME →		
	5	a	STREET ADDRESS →	
		b	CITY AND STATE →	
		c	ZIP CODE →	
		d	COUNTY →	
6	DAYTIME TELEPHONE NUMBER →			

Section 3 Information About The Employee

If a railroad retirement survivor benefit was previously received by someone, go to Section 4; otherwise go to Item 7.

Birth Date	7	Enter the employee's date of birth. _____ →	Month	Day	Year		
If the employee was age 62 or older when he or she died, go to Item 9.							
Disability	8	Enter an "X" in the appropriate box: The employee was unable to work at the time of death because of an illness or accident which occurred at least five months before death. →	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Military Service	Please read the section "Credit for Employee's Military Service" in Part V of the RB-17 booklet to find out how active military service is determined.						
	9	Enter an "X" in the appropriate box: The employee was in active military service after September 7, 1939. _____ →	<input type="checkbox"/> Yes → Go to Note and Item 10 <input type="checkbox"/> No → Go to Item 12				
<div style="border: 1px solid black; border-radius: 15px; padding: 5px; display: inline-block;"> <p>Note: If answered "Yes," you will have to submit proof of the employee's military service. If you cannot submit proof show, in Item 83, the branch of the service and the beginning and ending dates for each period of service.</p> </div>							
	10	Enter an "X" in the appropriate box: The employee had voluntary military service during the period June 15, 1948, through December 15, 1950. _____ →	<input type="checkbox"/> Yes → Go to Item 11 <input type="checkbox"/> No → Go to Item 12				
	11	Enter an "X" in the appropriate box: The employee had nonrailroad earnings after leaving the military service and before returning to the railroad. _____ →	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Recent Employment	12	Regardless of whether the employee was retired at death, show the name and address of each railroad or nonrailroad employer for whom the employee performed any part-time or full-time work during the last 3 years he or she worked. Print the name and address of the most recent employer in 12a, the second in 12b, and so on. Enter the date each job began and ended.					
Name and Address of Employer							
		a	Name		Began	Ended	
		Address		Month	Year	Month	Year
		City, State, ZIP Code					
		b	Name		Began	Ended	
		Address		Month	Year	Month	Year
		City, State, ZIP Code					
		c	Name		Began	Ended	
		Address		Month	Year	Month	Year
		City, State, ZIP Code					
Self-Employment	13	Enter an "X" in the appropriate box: The employee was self-employed during any of the last three calendar years. _____ →	<input type="checkbox"/> Yes → Go to Item 14 <input type="checkbox"/> No → Go to Item 16				
	14	Enter an "X" in the appropriate box: The employee's net earnings from self-employment were more than \$400 in any of the last three calendar years. _____ →	<input type="checkbox"/> Yes → Go to Item 15 <input type="checkbox"/> No → Go to Item 16				
	15	Enter an "X" in the appropriate box(es): Show the year or years in which the employee's net earnings from self-employment were more than \$400. _____ →	<input type="checkbox"/> This year <input type="checkbox"/> Last year <input type="checkbox"/> Year before last				

Railroad Employment

Answer Items 16 and 17 **only** if the employee was alive on October 1, 1981, and he or she had at least 25 years of railroad service; otherwise go to Item 18.

If the employee was alive on October 1, 1981, and had at least 25 years of railroad service, read the section "Requirements the Employee Must Have Met" in Part I of the RB-17 booklet to find out what special conditions may apply.

Note: You may be requested to submit proof to verify the statements made in Items 16 and 17.

16 Enter an "X" in the appropriate box:
The employee "involuntarily and without fault":

- stopped working for his or her last railroad employer on or after October 1, 1975, or
- was on furlough, leave of absence status, or absent because of injury on October 1, 1975, and was never called back to work for that employer.

Yes → Go to Item 17
 No → Go to Item 18

17 Enter an "X" in the appropriate box:
The employee declined an offer from a railroad employer to return to a job in the same "class or craft" as his or her last railroad job. →

Yes
 No

Employee's Marriages

18 Enter the requested information for **each** of the employee's marriages. Print the most recent marriage in **18a**, the second most recent in **18b**, and so on.

	Name of Employee's Wife or Husband (if wife, include maiden name)	Date Married			City and State Married (country if other than United States)	How Marriage Ended (check one)	Answer if Marriage Ended for Reason Other than Employee's Death			
		Month	Day	Year			Date Marriage Ended			City and State Marriage Ended (country if other than United States)
a		Month	Day	Year		<input type="checkbox"/> Employee's Death <input type="checkbox"/> Spouse's Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment	Month	Day	Year	
b		Month	Day	Year		<input type="checkbox"/> Employee's Death <input type="checkbox"/> Spouse's Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment	Month	Day	Year	
c		Month	Day	Year		<input type="checkbox"/> Employee's Death <input type="checkbox"/> Spouse's Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment	Month	Day	Year	

Children

Please read the section "Definition Of A Child's Annuity" in Part II of the RB-17 booklet to find out what categories of children may be eligible for a railroad retirement annuity.

19 Enter an "X" in the appropriate box:
There are children who may be eligible for an annuity. →

Yes → Go to Item 20
 No → Go to Item 21

20 Enter the number of children who may be eligible for an annuity. →

Parents	21	Enter an "X" in the appropriate box: The employee was survived by a parent. _____ →	<input type="checkbox"/> Yes → Go to Item 22	<input type="checkbox"/> No → Go to Section 4		
	22	Enter an "X" in the appropriate box: The parent was dependent on the employee for one-half of his or her support. _____ →	<input type="checkbox"/> Yes → Go to Item 23	<input type="checkbox"/> No → Go to Section 4		
	23	Enter the requested information for each dependent parent of the employee.				
		Name of Parent	Date of Birth		Address and Telephone Number	
	a		Month	Day	Year	Address
						Telephone Number (include area code) ()
	b		Month	Day	Year	Address
						Telephone Number (include area code) ()

Section 4 Information About The Applicant

Birth Date	24	Enter your date of birth. _____ →	Month	Day	Year		
Social Security Number	25	Enter your social security number. (If none, enter "To be submitted.") _____ →					
Marriages	26	Enter an "X" in the appropriate box: I am now, or was previously, married to someone other than the employee. _____ →	<input type="checkbox"/> Yes → Go to Item 27	<input type="checkbox"/> No → Go to Item 29			
	27	Enter the requested information for each of your marriages to someone other than the employee. Print the most recent marriage in 27a , the second most recent in 27b , and so on.					
		Your Husband's or Wife's Name and Social Security Number (do not show employee)	Date Married		City and State Married (country if other than United States)	If Marriage Never Ended, Leave These Blank	
	a	Name	Month	Day	Year	<input type="checkbox"/> Spouse's Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment	
						Month Day Year	
	b	Name	Month	Day	Year	<input type="checkbox"/> Spouse's Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment	
						Month Day Year	
	c	Name	Month	Day	Year	<input type="checkbox"/> Spouse's Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment	
						Month Day Year	
28	Answer only if any of the social security numbers requested in Item 27 are unknown. If more than one social security number is unknown, enter the information requested in this item in Section 9 for each additional unknown number.						
	a	Enter the name of the husband or wife whose social security number is unknown. _____ →					
	b	Enter that husband's or wife's date of birth. _____ →			Month	Day	Year
	c	Enter that husband's or wife's place of birth. _____ →					
<i>Item 28 continues on the next page.</i>							

Marriages (cont.)	28	d	Enter that husband's or wife's father's name . →							
		e	Enter that husband's or wife's mother's maiden name . →							
Support	If you and the employee were divorced, go to Item 35 .									
	29	Enter an "X" in the appropriate box: The employee and I were living together when the employee died. If "Yes," and you are male, go to Item 34 . If "Yes," and you are female, go to Item 35 . →		<input type="checkbox"/> Yes <input type="checkbox"/> No → Go to Item 30						
	30	Enter the date you and the employee stopped living together. →		<table border="1"> <tr> <td>Month</td> <td>Day</td> <td>Year</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Month	Day	Year			
	Month	Day	Year							
	31	Enter the reason you and the employee stopped living together. →			_____					
32	Enter an "X" in the appropriate box: The employee was making regular contributions to my support when the employee died. If "Yes," and you are male, go to Item 34 . If "Yes," and you are female, go to Item 35 . → (Note: Consider the following as contributions to support: money, food, clothes, paying bills, providing rent-free housing.)		<input type="checkbox"/> Yes <input type="checkbox"/> No → Go to Item 33							
33	Enter an "X" in the appropriate box: The employee was under a court order to contribute to my support. → (Note: Answer "Yes" if there was a court order, even if the employee was not obeying it.)		<input type="checkbox"/> Yes → Go to Item 35 <input type="checkbox"/> No → Go to Item 35							
One-Half Support	Answer Item 34 only if you are working or have ever worked in the railroad industry, and Items 29 or 32 was answered "Yes."									
	34	Enter an "X" in the appropriate box: The employee's contributions to me provided at least one-half of the money needed to support me. →		<input type="checkbox"/> Yes → Go to Note and Item 35 <input type="checkbox"/> No → Go to Item 35						
<div style="border: 1px solid black; border-radius: 15px; padding: 5px; display: inline-block;"> Note: If answered "Yes," complete and return to the RRB, Form G-134, Statement Regarding Contributions and Support. </div>										
Criminal Offense	35	Enter an "X" in the appropriate box: Within the past 12 months, I have been imprisoned or given a sentence of confinement due to a conviction for a criminal offense. →		<input type="checkbox"/> Yes → Go to Item 36 <input type="checkbox"/> No → Go to Section 5						
	36	Enter the date of the conviction. →		<table border="1"> <tr> <td>Month</td> <td>Day</td> <td>Year</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Month	Day	Year			
	Month	Day	Year							
	37	Enter the date of the sentence of confinement. →		<table border="1"> <tr> <td>Month</td> <td>Day</td> <td>Year</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Month	Day	Year			
	Month	Day	Year							
38	Enter the date that confinement began. →		<table border="1"> <tr> <td>Month</td> <td>Day</td> <td>Year</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Month	Day	Year				
Month	Day	Year								
39	Enter an "X" in the appropriate box: Has the confinement ended? →		<input type="checkbox"/> Yes → Go to Item 40 <input type="checkbox"/> No → Go to Section 5							
40	Enter the date confinement ended. →		<table border="1"> <tr> <td>Month</td> <td>Day</td> <td>Year</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Month	Day	Year				
Month	Day	Year								

Section 5

Information About Applicant's Other Government Benefits

Public Service Pension	41	Enter an "X" in the appropriate box: I am receiving or expect to receive a pension or I have received or expect to receive a lump-sum payment instead of a pension, based on my earnings, from an agency of the Federal, state, or local government. _____ →	<input type="checkbox"/> Yes → Go to Item 42 <input type="checkbox"/> No → Go to Item 44		
	(Answer "No" if your only government pension payments are social security, railroad retirement, veterans affairs, worker's compensation, or black-lung benefits. Also, answer "No" if you received a lump-sum payment that was just your contributions to the pension fund plus interest.)				
	42	Enter an "X" in the appropriate box: I am/was an employee of the Federal Government. _____ →	<input type="checkbox"/> Yes → Go to Note and Item 44 <input type="checkbox"/> No → Go to Item 43		
<p>Note: If answered "Yes," complete and return to the RRB, Form G-208, Public Service Pension Questionnaire, and verification of your pension.</p>					
	43	Enter an "X" in the appropriate box: In my last 60 months of employment, I was employed by a state or local government or the military service, and social security (FICA) taxes were being deducted from my public service earnings. _____ →	<input type="checkbox"/> Yes → Go to Item 44 <input type="checkbox"/> No → Go to Note and Item 44		
	<p>Note: If answered "No," complete and return to the RRB, Form G-208, Public Service Pension Questionnaire, and verification of your pension.</p>				
Social Security Benefits	44	Enter an "X" in the appropriate box: I have filed, or plan to file, an application for benefits under the Social Security Act. _____ →	<input type="checkbox"/> Yes → Go to Item 45 <input type="checkbox"/> No → Go to Item 48		
	45	Enter an "X" in the appropriate box: I have filed, or plan to file, for social security benefits based on the record of someone other than myself. _____ →	<input type="checkbox"/> Yes → Go to Item 46 <input type="checkbox"/> No → Go to Item 48		
	46	Enter the name of the person on whose account you are filing. _____ →			
	47	Enter that person's social security number. _____ →			
Railroad Retirement Benefits	48	Enter an "X" in the appropriate box: I have filed, or plan to file within 90 days, an application for monthly railroad retirement benefits based on the record of someone other than the employee. _____ →	<input type="checkbox"/> Yes → Go to Item 49 <input type="checkbox"/> No → Go to Section 6		
	49	Enter an "X" in the appropriate box: I have filed, or plan to file, an application for railroad retirement benefits based on my own railroad employment. _____ →	<input type="checkbox"/> Yes → Go to Section 6 <input type="checkbox"/> No → Go to Item 50		
	50	Enter the name of the person on whose record you have filed or will file. _____ →			
	51	Enter that person's Railroad Retirement Board claim number, including the letter prefix. _____ →	Prefix		If only six numbers, enter here

Section 6 Information About Work And Earnings

Please read the section "How Earnings Affect An Annuity" in Part V of the RB-17 booklet to find out how work and earnings can affect your railroad retirement annuity. Also, please refer to **Form G-77, How Earnings Affect Payment of Survivor Annuities**, for the exempt amounts to use when answering Items 52 through 61.

Earnings Last Year	If you were full retirement age or older when the employee died, or you are now full retirement age or older, go to Item 62.													
(Year)	Answer Items 52 through 55 only if you were age 60 or older last year and the employee died before January 1 of this year.													
52	Enter an "X" in the appropriate box: My total earnings for all employment last year were more than the annual earnings exempt amount shown on Form G-77. _____ →	<input type="checkbox"/> Yes → Go to Item 53 <input type="checkbox"/> No → Go to Item 56												
53	Enter your total earnings for last year. (SHOW DOLLARS ONLY) _____ →	\$												
54	Enter an "X" in the appropriate box: I earned more than the monthly earnings exempt amount in employment for hire or performed substantial services in self-employment in every month last year. _____ →	<input type="checkbox"/> Yes → Go to Item 56 <input type="checkbox"/> No → Go to Item 55												
55	Enter an "X" next to each month last year in which you did not earn more than the monthly earnings exempt amount or perform substantial services in self-employment. _____ →	<table border="1" style="border-collapse: collapse; text-align: center;"> <tr> <td>JAN</td> <td>FEB</td> <td>MAR</td> <td>APR</td> </tr> <tr> <td>MAY</td> <td>JUN</td> <td>JUL</td> <td>AUG</td> </tr> <tr> <td>SEP</td> <td>OCT</td> <td>NOV</td> <td>DEC</td> </tr> </table>	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
JAN	FEB	MAR	APR											
MAY	JUN	JUL	AUG											
SEP	OCT	NOV	DEC											
Earnings This Year	Answer Items 56 through 59 only if you are age 60 or older, or will become age 60 this year.													
(Year)														
56	Enter an "X" in the appropriate box: I expect my total earnings for all employment this year to be more than the annual earnings exempt amount. _____ →	<input type="checkbox"/> Yes → Go to Item 57 <input type="checkbox"/> No → Go to Item 60												
57	Enter the total amount that you expect to earn this year. (SHOW DOLLARS ONLY) _____ →	\$												
58	Enter an "X" in the appropriate box: I expect to earn more than the monthly earnings exempt amount in employment for hire or to perform substantial services in self-employment in every month this year. _____ →	<input type="checkbox"/> Yes → Go to Item 60 <input type="checkbox"/> No → Go to Item 59												

Earnings This Year (Cont.)	59 Enter an "X" next to each month this year in which you did not, or do not expect to, earn more than the monthly earnings exempt amount or perform substantial services in self-employment. _____ →	<table border="1" style="width: 100%; text-align: center;"> <tr> <td>JAN</td><td>FEB</td><td>MAR</td><td>APR</td> </tr> <tr> <td>MAY</td><td>JUN</td><td>JUL</td><td>AUG</td> </tr> <tr> <td>SEP</td><td>OCT</td><td>NOV</td><td>DEC</td> </tr> </table>	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
JAN	FEB	MAR	APR											
MAY	JUN	JUL	AUG											
SEP	OCT	NOV	DEC											

Earnings Next Year	Answer Items 60 and 61 only if you are returning this application in September, October, November, or December and you are age 60 or older, or will become age 60 next year.		
(Year)			
	60 Enter an "X" in the appropriate box: I expect my total earnings for all employment next year to be more than this year's annual earnings exempt amount. _____ →	<input type="checkbox"/> Yes → Go to Item 61 <input type="checkbox"/> No → Go to Item 62	
	61 Enter the total amount that you expect to earn next year. (SHOW DOLLARS ONLY) _____ →	\$	

Railroad Work	62 Enter an "X" in the appropriate box: I have worked for a railroad or other employer in the railroad industry. _____ →	<input type="checkbox"/> Yes → Go to Item 63 <input type="checkbox"/> No → Go to Section 7
	63 Enter the name of your last railroad employer. _____ _____ _____	

	64 Enter the date you last worked for this employer. _____ →	<table border="1" style="width: 100%; text-align: center;"> <tr> <th>Month</th><th>Day</th><th>Year</th> </tr> <tr> <td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td> </tr> </table>	Month	Day	Year			
Month	Day	Year						

	65 Enter an "X" next to each month in this year during which you worked, or you expect to work, for an employer in the railroad industry. _____ →	<table border="1" style="width: 100%; text-align: center;"> <tr> <td>JAN</td><td>FEB</td><td>MAR</td><td>APR</td> </tr> <tr> <td>MAY</td><td>JUN</td><td>JUL</td><td>AUG</td> </tr> <tr> <td>SEP</td><td>OCT</td><td>NOV</td><td>DEC</td> </tr> </table>	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
JAN	FEB	MAR	APR											
MAY	JUN	JUL	AUG											
SEP	OCT	NOV	DEC											

Complete Item 66 only if you expect your annuity to begin before January 1 of this year.

	66 Enter an "X" next to each month of last year during which you worked for an employer in the railroad industry. _____ →	<table border="1" style="width: 100%; text-align: center;"> <tr> <td>JAN</td><td>FEB</td><td>MAR</td><td>APR</td> </tr> <tr> <td>MAY</td><td>JUN</td><td>JUL</td><td>AUG</td> </tr> <tr> <td>SEP</td><td>OCT</td><td>NOV</td><td>DEC</td> </tr> </table>	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
JAN	FEB	MAR	APR											
MAY	JUN	JUL	AUG											
SEP	OCT	NOV	DEC											

Section 7 Beginning Dates, Filing Dates, And Medicare

Selecting a Beginning Date

If you are under full retirement age on the date your annuity begins, your annuity will be reduced for early retirement.

67 Enter an "X" in the appropriate box:
I want my annuity to begin on the earliest date permitted by law, even if I will receive a reduced annuity. _____ →

Yes → **Go to Item 69**
 No → **Go to Item 68**

68 Since you do not want your annuity to begin on the earliest date permitted by law, enter the date you want your annuity to begin. _____ →

Month	Day	Year

Note: If the date you select is more than 3 months after you return this application, you will need to file an updated application.

Filing Protection

Answer **only** if you are age 62 or older, disabled, or otherwise eligible for social security old age, disability, or survivor benefits **and** you have not filed an application for such benefits.

69 Enter an "X" in the appropriate box:
I also want this application used to protect my filing date for social security benefits. _____ →

Yes
 No

Medicare

Please read the section "Medicare Benefits" in Part VIII of the RB-17 booklet for an explanation of the Medicare program.

70 Enter an "X" in the appropriate box:
I am enrolled in the Medicare Medical Insurance (Part B). _____ →

Yes → **Go to Item 71**
 No → **Go to Item 73**

71 Enter the name of the agency where you have filed for Medicare. →

72 Enter your Medicare claim number. _____ →

Go to Section 8

73 Enter an "X" in the appropriate box:
I am 64 years and 5 months of age or older. _____ →

Yes → **Go to Item 74**
 No → **Go to Section 8**

74 Enter an "X" in the appropriate box:
I wish to enroll in the Medicare Medical Insurance (Part B). _____ →

Yes → **Go to Item 75**
 No → **Go to Section 8**

75 Enter an "X" in the appropriate box:
I am claiming a special enrollment period based on coverage by an employer group health plan. _____ →

Yes
 No

76 Enter an "X" in the appropriate box:
I am claiming premium surcharge relief based on coverage by an employer group health plan. _____ →

Yes
 No

Section 8 Direct Deposit

Benefits are generally paid by Direct Deposit to your bank, savings and loan, credit union, or other financial institution. To provide the information we need to correctly deposit your payments, attach a voided personal check and **go to Section 9**, or call your financial institution for the information you need to complete Items 77-81. If you do not have a bank account, or if you believe receiving your payments by Direct Deposit would cause you a hardship, **go to Item 82**.

Direct Deposit	77	Enter the name of your financial institution. →										
	78	Enter the telephone number of your financial institution. →	Area Code	Telephone Number								
	79	Enter the routing transit number of your financial institution. →										
	80	Enter your account number. →										
	81	Enter an "X" in the appropriate box: Type of account for the above account number. →	<input type="checkbox"/> Checking									
<input type="checkbox"/> Savings Go to Section 9												
82	Check this box if you do not have a checking or savings account, or if Direct Deposit would cause you a hardship. →	<input type="checkbox"/>										

Section 9 Remarks

Remarks	83	This section is to be used for the continuation of answers to other items. Be sure to include the item number at the beginning of the answer you wish to continue. You may also use this section to enter any additional information that you feel may be important to include.

Section 10 Certification

Certification

84

Enter an "X" in the appropriate box:
I will have a guardian or other representative sign this application on my behalf. _____ →

- Yes → **Go to Note and Item 85**
 No → **Go to Item 85**

Note: *If answered "Yes," your guardian or other representative must sign this application. That person must also complete and return **Form AA-5, Application for Substitution of Payee.***

85

I know that if I make a false or fraudulent statement in order to receive benefits from the Railroad Retirement Board (RRB), I am committing a crime which is punishable under Federal law.

I have received the booklet **RB-17, Survivor Annuities**, and the booklet, **RB-9s, Events That Affect A Survivor Annuity**. I understand that I am responsible for reporting any events that would affect my annuity as explained in those booklets.

I certify that the information I gave to the RRB on this application is true to the best of my knowledge.

I agree to immediately notify the RRB:

- If I remarry;
- If I begin to receive a pension from an agency of the Federal, state, or local government, or if my present payments change;
- If I file for social security benefits based on **any** person's earnings record;
- If I go to work for an employer in the railroad industry;
- If I will earn more than the annual earnings exempt amount, and it was not reported on the application;
- If I reported expected earnings and my earnings estimate changes;
- If my address changes;
- If any person for whom I am receiving benefits dies or leaves my care;
- If I am confined in 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			

86

If this certification is signed by mark ("X") in Item 85, two witnesses who know the person signing must sign below, giving their full addresses and daytime telephone numbers.

a Signature of Witness

Address (Number and Street)

City, State, ZIP Code

Daytime Telephone Number _____ →

Area Code			Telephone Number						

b Signature of Witness

Address (Number and Street)

City, State, ZIP Code

Daytime Telephone Number _____ →

Area Code			Telephone Number						

Section 11 How To Return Your Application

Before you return your application, check to make sure that:

- **Every** question that applies to you has been answered.
- You have entered “unknown” in **any** answer space for which you were unable to answer a question.
- You have signed and dated the application.
- You have included **all** the needed proofs listed in the letter you received with this application.

When you received your application, you should also have received a pre-addressed return envelope. If you do not have this envelope, you can use any envelope as long as it is addressed to the RRB office serving your location. No matter which envelope you use, you must put the correct postage on the envelope. Be careful to provide enough postage, because your application and the accompanying forms may weigh more than a standard letter. The U.S. Postal Service will not deliver your application unless it has the correct postage.

Make one final check before you seal the envelope to ensure that the following are enclosed:

- NEEDED PROOFS
- THE APPLICATION FORM ITSELF
- ADDITIONAL FORMS YOU WERE ASKED TO COMPLETE

Note: *After the RRB receives your application, a receipt form with information about your claim will be sent to you. When you receive it, you will know that the RRB has received your application and has started the work needed to determine if you are entitled to benefits. If you do not receive the receipt within two weeks after you have filed this application, please contact us so we can find out what is causing the delay.*