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| AUTHORIZATION OF PAYMENT AND RELEASE OF ALL CLAIMS TO A DEATH BENEFIT OR ACCRUED ANNUITY PAYMENT | Railroad Retirement Claim Number <hr/> Name of Deceased Individual | | | | |
| PAPERWORK REDUCTION ACT AND PRIVACY ACT NOTICES | | | | | |
| <p>The Railroad Retirement Board (RRB) is authorized to collect the information on this form under section 7(b)(6) of the Railroad Retirement Act. The information asked for is needed to authorize payment of your share of an RRB benefit or unpaid annuity to another eligible person. Although you are not required to furnish this information, your share of the RRB death benefit or unpaid annuity cannot be paid to another person unless you complete and return the form.</p> <p>A complete listing of the persons, organizations, and agencies to which the information you give us may be released is available at any office of the RRB.</p> <p>We estimate this form takes an average of 5 minutes per response to complete, including the time for reviewing the instructions, getting the needed data, and reviewing the completed form. Federal agencies may not conduct or sponsor, and respondents are not required to respond to, a collection of information unless it displays a valid OMB number. If you wish, send comments regarding the accuracy of our estimate or any other aspect of this form, including suggestions for reducing completion time, to Chief of Information Resources Management, Railroad Retirement Board, 844 North Rush Street, Chicago, Illinois 60611-2092.</p> | | | | | |
| 1. I have been informed of the approximate amount of the benefit payable in this case, and it is my desire to waive my share of that benefit. Therefore, I hereby authorize the United States and its officers and agents, who are authorized by law to certify and make such payments, to certify and pay my share of the benefit payable in this case, under the provisions of the Railroad Retirement Act, to: | | | | | |
| a. | Name and Address | | | | |
| b. | Relationship to Deceased | | | | |
| 2. In consideration of such certification and payment, I hereby release the United States and its officers and agents from any and all claims which I may have against them for such accrued annuity or lump-sum death benefit, or by reason of their certification and payment thereof. | | | | | |
| a. | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Signature of Person Authorizing this Release</td> <td style="width: 30%;">Date</td> </tr> <tr> <td colspan="2">Full Address (City/Town, State, and ZIP Code)</td> </tr> </table> | Signature of Person Authorizing this Release | Date | Full Address (City/Town, State, and ZIP Code) | |
| Signature of Person Authorizing this Release | Date | | | | |
| Full Address (City/Town, State, and ZIP Code) | | | | | |
| b. | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Signature of Disinterested Witness</td> <td style="width: 30%;">Date</td> </tr> <tr> <td colspan="2">Full Address (City/Town, State, and ZIP Code)</td> </tr> </table> | Signature of Disinterested Witness | Date | Full Address (City/Town, State, and ZIP Code) | |
| Signature of Disinterested Witness | Date | | | | |
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