

Welcome

Peacock Test
Peapack-Gladstone Bank
GLADSTONE, NJ 07934

Home

Edit Users

Request Inbox

My Responses

Reports

Contact Support

Log Out

Response WebForm - Part I - Customer Detail

Steps: [\[Customer Detail\]](#) [\[Account Information\]](#) [\[Account Balances\]](#) [\[Review Data\]](#)

Status

Status: Assigned on 01/12/2011

Request Assigned To

First Name: **Peacock**
Phone: 1111111111

Middle:

Last Name: **Test**peacocktest

Request ID Information

Request ID: 721

Date Submitted: 01/12/2011

SSA Representative

I certify that the applicable provisions of the Right to Financial Privacy Act of 1978 (12 U.S.C. 3401-3422) have been complied with in this request. Pursuant to the Right to Financial Privacy Act of 1978, good faith reliance upon this certification relieves your institution and its employees and agents of any possible liability to the customer in connection with the disclosure of these financial records.

First Name: **James**

Middle:

Last Name: **Heintz**Address: **2-A-10 E. Highrise Bldg 6401 Security Blvd**City: **Baltimore**State: **MD**ZIP: **21235**Phone: **000-000-0000**SSA Representative's Signature: **Signature is on file.**

Request Data from Social Security Administration

Customer's Social Security Number

516-05-6700

Customer's Name

KONDILIS, JOHN

Customer's Address

**455 LEFT OF CENTER RD 4TH FLOOR SECOND DOOR ON RIGHT
CHOCOLATE CITY, LA 49238**

Applicant/Recipient if Other Than Customer

Account Number(s) (Individual or Joint)

Name and Address of Financial Institution

**Peapack-Gladstone Bank
8000 Fellowship Vlg
Basking Ridge, NJ 07920**

Please Provide Balances from:

12/2008 through 9/2009**3/2010 through 1/2011**

Authorizing Signature:

Signature is on file.

Interest Requested:

NO

Customer Other Names:

SSA Remarks:

Unable to Supply Requested Information

No Accounts Found: Only select this option if you have no record of the Customer Name or Customer SSN at your institution.

Will Not Respond: Select this option if you were able to locate some record of the Customer Name or Customer SSN, but cannot respond for one of the reasons provided.

 No accounts found. Will not respond. If select the "Other explanation", please enter reason in text box.

(Maximum 1000 Characters)

Request for Records

This request is authorized by section 1631(e)(1)(B) of the Social Security Act, as amended. While you are not required to respond, your cooperation will help us determine the eligibility of the applicant or recipient named above for Supplemental Security Income benefits. The customer's authorization for release of the information contained in your records appears on page one of this form.

Instructions for Completion

- Please provide information for the period **12/2008** through **1/2011** for the account number(s) listed and any others held (either individually or jointly) by the customer named.
- Please provide information on **ALL accounts associated** with the customer named, regardless if the account number is listed on this request
- Copies of account records may be submitted in lieu of entering data below.
- For all accounts, provide opening balances as of the **first day of the month** for each account, for each month listed in the period.
- We need account information even if the account has been closed or the account number has changed.
- If you need to add forms for additional accounts, select the "Add Additional Accounts" option and a new blank form will be provided
- If no accounts are located, please return to the *Customer Detail* page and select the "No Accounts Found" option and then "Send to SSA".
- For step-by-step instructions for completing this Request using the e4641 System, please refer to your SSA SSI Asset Verification System User Guide.

Welcome

Peacock Test
Peapack-Gladstone Bank
GLADSTONE, NJ 07934

[Home](#)

[Edit Users](#)

[Request Inbox](#)

[My Responses](#)

[Reports](#)

[Contact Support](#)

[Log Out](#)

Response WebForm - Part II, Part A - Account Information

Steps: [\[Customer Detail\]](#) [\[Account Information\]](#) [\[Account Balances\]](#) [\[Review Data\]](#)

Customer Summary

Customer's Name
KONDILIS, JOHN

Customer's Social Security Number
516-05-6700

[SSA Remarks](#)

Account Types

Account 1

Account Number: Joint Account: SSI Direct Deposit:

Type of Account: Select Account Type If "Other", Describe:

Name(s) On and Exact Account Designation

First: Last:
First: Last:

[Add Additional Owners](#)

[Add Additional Accounts](#)

Continue to Part B, Account Balances

[Save to My Responses](#) [Enter Account Balances](#)

Welcome

Peacock Test
Peapack-Gladstone Bank
GLADSTONE, NJ 07934

[Home](#)

[Edit Users](#)

[Request Inbox](#)

[My Responses](#)

[Reports](#)

[Contact Support](#)

[Log Out](#)

Response WebForm - Part II, Part B - Account Balances

Steps: [\[Customer Detail\]](#) [\[Account Information\]](#) [\[Account Balances\]](#) [\[Review Data\]](#)

Copies of account records may be submitted in lieu of entering data below.

For all accounts, provide opening balances as of the first day of the month for each account, for each month listed in the period.

Account Balances

Month/Year	Account # 111 Checking Account		Interest Paid (00.00)
	Balance (00.00)		
1/2011	\$		Not Required
12/2010	\$		Not Required
11/2010	\$		Not Required
10/2010	\$		Not Required
9/2010	\$		Not Required
8/2010	\$		Not Required
7/2010	\$		Not Required
6/2010	\$		Not Required
5/2010	\$		Not Required
4/2010	\$		Not Required
3/2010	\$		Not Required
9/2009	\$		Not Required
8/2009	\$		Not Required
7/2009	\$		Not Required
6/2009	\$		Not Required
5/2009	\$		Not Required
4/2009	\$		Not Required
3/2009	\$		Not Required
2/2009	\$		Not Required
1/2009	\$		Not Required
12/2008	\$		Not Required

Attachments

Additional Information or Remarks

Remarks:

(Maximum 1000 Characters)

Continue

- Welcome
- Peacock Test
Peapack-Gladstone Bank
GLADSTONE, NJ 07934
- Home
- Edit Users
- Request Inbox
- My Responses
- Reports
- Contact Support
- Log Out

Response WebForm - Review Data

Steps: [\[Customer Detail\]](#) [\[Account Information\]](#) [\[Account Balances\]](#) [\[Review Data\]](#)

Status
Status: **Assigned on 01/12/2011**

Request Assigned To
First Name: **Peacock** Middle: Last Name: **Test**
Phone: **1111111111**

Request ID Information from Social Security Administration
Request ID: **721** Date Submitted: **01/12/2011**

SSA Representative
I certify that the applicable provisions of the Right to Financial Privacy Act of 1978 [12 U.S.C. 3401-3422] have been complied with in this request. Pursuant to the Right to Financial Privacy Act of 1978, good faith reliance upon this certification relieves your institution and its employees and agents of any possible liability to the customer in connection with the disclosure of these financial records.
First Name: **James** Middle: Last Name: **Heintz**
Address: **2 A-10 E. Highrise Bldg 6401 Security Blvd** State: **MD** ZIP: **21235**
City: **Baltimore** Phone: **000-000-0000**
SSA Representative's Signature: **Signature is on file.**

Request Data from Social Security Administration
Customer's Social Security Number: **516-05-6700** Customer's Name: **KONDILIS, JOHN**
Customer's Address: **455 LEFT OF CENTER RD 4TH FLOOR SECOND DOOR ON RIGHT** Applicant/Recipient If Other Than Customer: **CHOCOLATE CITY, LA 49238**
Account Number(s) (Individual or Joint): Name and Address of Financial Institution: **Peapack-Gladstone Bank**
Please Provide Balances from: **12/2008** through **9/2009** **8000 Fellowship Vlg**
3/2010 through **1/2011** **Basking Ridge, NJ 07920**
Authorizing Signature: **Signature is on file.** Interest Requested: **NO**
Customer Other Names:
SSA Remarks:

Request for Records
This request is authorized by section 1631(e)(1)(B) of the Social Security Act, as amended. While you are not required to respond, your cooperation will help us determine the eligibility of the applicant or recipient named above for Supplemental Security Income benefits. The customer's authorization for release of the information contained in your records appears on page one of this form.
Instructions for Completion

- Please provide information for the period **12/2008** through **1/2011** for the account number(s) listed and any others held (either individually or jointly) by the customer named.
- Please provide information on **ALL accounts associated** with the customer named, regardless if the account number is listed on this request
- Copies of account records may be submitted in lieu of entering data below.
- For all accounts, provide opening balances as of the **first day of the month** for each account, for each month listed in the period.
- We need account information even if the account has been closed or the account number has changed.
- If you need to add forms for additional accounts, select the "Add Additional Accounts" option and a new blank form will be provided
- If no accounts are located, please return to the *Customer Detail* page and select the "No Accounts Found" option and then "Send to SSA".
- For step-by-step instructions for completing this Request using the e4641 System, please refer to your SSA SSI Asset Verification System User Guide.

Account Balances

Account # 111 - Checking Account John Kondilis			
Month/Year	Balance	Interest Paid	
1/2011	\$40.00	Not Required	
12/2010	\$40.00	Not Required	
11/2010	\$40.00	Not Required	
10/2010	\$40.00	Not Required	
9/2010	\$40.00	Not Required	
8/2010	\$40.00	Not Required	
7/2010	\$0.00	Not Required	
6/2010	\$0.00	Not Required	
5/2010	\$40.00	Not Required	
4/2010	\$40.00	Not Required	
3/2010	\$40.00	Not Required	
9/2009	\$0.00	Not Required	
8/2009	\$0.00	Not Required	
7/2009	\$0.00	Not Required	
6/2009	\$0.00	Not Required	
5/2009	\$0.00	Not Required	
4/2009	\$40.00	Not Required	
3/2009	\$40.00	Not Required	

[Edit Account Information](#)

Attachments
None
[Edit Attachments](#)

Additional Information or Remarks
Remarks:

Continue
[Save to My Responses](#) [Send to Social Security Administration](#)

- Welcome
- Peacock Test
Peapack-Gladstone Bank
GLADSTONE, NJ 07934
- Home
- Edit Users
- Request Inbox
- My Responses
- Reports
- Contact Support
- Log Out

Response WebForm - Responded 01/12/2011

Status

Status: Responded on 01/12/2011

[Remove from My Responses](#)

Print Form 4641

Select **View and Print Form 4641**. The PDF file of the populated Form 4641 may open in a new window or it might be loaded into the current window depending on your web browser settings. If the form is loaded into your current web browser window, you will have to re-enter the system to return to this page. Select Print on the Toolbar to print the document once it has opened. Adobe Reader is required to view the PDF file below.

[View and Print Form 4641](#)

Response Completed By

Name: **Peacock Test**
Phone: **1111111111**

Request ID Information from Social Security Administration

Request ID: **721**

Date Submitted: **01/12/2011**

SSA Representative

I certify that the applicable provisions of the Right to Financial Privacy Act of 1978 (12 U.S.C. 3401-3422) have been complied with in this request. Pursuant to the Right to Financial Privacy Act of 1978, good faith reliance upon this certification relieves your institution and its employees and agents of any possible liability to the customer in connection with the disclosure of these financial records.

First Name: **James** Middle: Last Name: **Heintz**
Address: **2-A-10 E. Highrise Bldg 6401 Security Blvd**
City: **Baltimore** State: **MD** ZIP: **21235**
Phone: **000-000-0000**

SSA Representative's Signature: **Signature is on file.**

Request Data from Social Security Administration

Customer's Social Security Number
516-05-6700

Customer's Name
KONDILIS, JOHN
Applicant/Recipient if Other Than Customer

Customer's Address
**455 LEFT OF CENTER RD 4TH FLOOR SECOND DOOR ON RIGHT
CHOCOLATE CITY, LA 49238**

Account Number(s) (Individual or Joint)

Name and Address of Financial Institution

Please Provide Balances from:
12/2008 through **9/2009**
3/2010 through **1/2011**

Peapack-Gladstone Bank
8000 Fellowship Vlg
Basking Ridge, NJ 07920

Authorizing Signature:
Signature is on file.

Interest Requested:
NO

Customer Other Names:
SSA Remarks:

Request for Records

This request is authorized by section 1631(e)(1)(B) of the Social Security Act, as amended. While you are not required to respond, your cooperation will help us determine the eligibility of the applicant or recipient named above for Supplemental Security Income benefits. The customer's authorization for release of the information contained in your records appears on page one of this form.

Instructions for Completion

- Please provide information for the period **12/2008** through **1/2011** for the account number(s) listed and any others held (either individually or jointly) by the customer named.
- Please provide information on **ALL accounts associated** with the customer named, regardless if the account number is listed on this request
- Copies of account records may be submitted in lieu of entering data below.
- For all accounts, provide opening balances as of the **first day of the month** for each account, for each month listed in the period.
- We need account information even if the account has been closed or the account number has changed.
- If you need to add forms for additional accounts, select the "Add Additional Accounts" option and a new blank form will be provided
- If no accounts are located, please return to the *Customer Detail* page and select the "No Accounts Found" option and then "Send to SSA".
- For step-by-step instructions for completing this Request using the e4641 System, please refer to your SSA SSI Asset Verification System User Guide.

Account Balances

Account # 111 - Checking Account		
John Kondilis		
Month/Year	Balance	Interest Paid
1/2011	\$40.00	Not Required
12/2010	\$40.00	Not Required
11/2010	\$40.00	Not Required
10/2010	\$40.00	Not Required
9/2010	\$40.00	Not Required
8/2010	\$40.00	Not Required
7/2010	\$0.00	Not Required
6/2010	\$0.00	Not Required
5/2010	\$40.00	Not Required
4/2010	\$40.00	Not Required
3/2010	\$40.00	Not Required
9/2009	\$0.00	Not Required
8/2009	\$0.00	Not Required
7/2009	\$0.00	Not Required
6/2009	\$0.00	Not Required
5/2009	\$0.00	Not Required
4/2009	\$40.00	Not Required
3/2009	\$40.00	Not Required

Attachments

None

Additional Information or Remarks from the Financial Institution

Remarks:

- Welcome
- Home
- Contact Support
- Log Out
- Process
- Request/Response
- Manual Response Search
- Manual Response Search Results
- Overdue Requests
- Review Folder
- Failed Fax Folder
- Mail Queue Folder
- Print Queue Folder
- Request File Folder
- Response File Folder
- Administration
- Edit Acuity Users
- Edit FI Locations
- Enter Invoice
- Reimbursement Folder
- Invoice Files
- Reports
- Activity Report
- Activity by User
- Statistical Report
- Statistical by Office
- TFPSYS Data Updates
- View Changes

Response WebForm - Part I - Customer Detail

Steps: [\[Customer Information\]](#) [\[Account Information\]](#) [\[Account Balances\]](#) [\[Signatures\]](#) [\[Review Data\]](#)

[View Case Management Page](#)

Status
Status: **New** on 01/12/2011

Request ID Information
Request ID: 722 SSA Request ID: 20021 Date Submitted: 01/12/2011

SSA Representative
I certify that the applicable provisions of the Right to Financial Privacy Act of 1978 (12 U.S.C. 3401-3422) have been complied with in this request. Pursuant to the Right to Financial Privacy Act of 1978, good faith reliance upon this certification relieves your institution and its employees and agents of any possible liability to the customer in connection with the disclosure of these financial records.

First Name: **James** Middle: Last Name: **Heintz**
Address: **2-A-10 E. Highrise Bldg 6401 Security Blvd** State: **MD**
City: **Baltimore** ZIP: **21235**
Phone: **000-000-0000** SSA Representative's Signature: **Signature is on file.**

Request Data from Social Security Administration

Customer's Social Security Number 516-05-6700	Customer's Name KONDILIS, JOHN
Customer's Address 455 LEFT OF CENTER RD 4TH FLOOR SECOND DOOR ON RIGHT CHOCOLATE CITY, LA 49238	Applicant/ Recipient if Other Than Customer
Account Number(s) (Individual or Joint)	Name and Address of Financial Institution Space Coast CU 258 Palm Coast Pkwy NE Palm Harbor Shpg Plaza Palm Coast, FL 32137
Please Provide Balances from: 1/2009 through 6/2009 8/2009 through 5/2010 9/2010 through 1/2011	Interest Requested: NO
Authorizing Signature: Signature is on file.	Customer Other Names:
SSA Remarks:	

Unable to Supply Requested Information
Reason Unable to Supply Requested Information

No Accounts Found: Only select this option if you have no record of the Customer Name or Customer SSN at your institution.
Will Not Respond: Select this option if you were able to locate some record of the Customer Name or Customer SSN, but cannot respond for one of the reasons provided.

No accounts found.
 Will not respond. Select Reason If select the "Other explanation", please enter reason in text box.

(Maximum 1000 Characters)

Financial Institution Representative Signature

Primary Contact: John D Rhoden
 Secondary Contact: Nancy Dyer
 Other Contact:

Financial Institution Representative Phone Number
Phone:

Financial Institution Representative Signature Date
12 January 2011

Request for Records

This request is authorized by section 1631(e)(1)(B) of the Social Security Act, as amended. While you are not required to respond, your cooperation will help us determine the eligibility of the applicant or recipient named above for Supplemental Security Income benefits. The customer's authorization for release of the information contained in your records appears on page one of this form.

- Instructions for Completion**
- Please provide information for the period 1/2009 through 1/2011 for the account number(s) listed and any others held (either individually or jointly) by the customer named.
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 - We need account information even if the account has been closed or the account number has changed.
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 - If no accounts are located, please return to the *Customer Detail* page and select the "No Accounts Found" option and then "Send to SSA".
 - For step-by-step instructions for completing this Request using the e4641 System, please refer to your SSA SSI Asset Verification System User Guide.

Welcome

Hitesh Patel
TFP
Thomson TFP
Skokie, IL 60076

Home

Contact Support

Log Out

Process

Request/Response

Manual Response

Search

Manual Response

Search Results

Overdue Requests

Review Folder

Failed Fax Folder

Mail Queue Folder

Print Queue Folder

Request File Folder

Response File Folder

Administration

Edit Account Users

Edit FI Locations

Enter Invoice

Reimbursement Folder

Invoice Files

Reports

Activity Report

Activity by User

Statistical Report

Statistical by Office

TFPSYS Data Updates

View Changes

Response WebForm - Part II, Part A - Account Information

Steps: [Customer Information] [Account Information] [Account Balances] [Signatures] [Review Data]

Customer Summary

Customer's Name: **KONDILIS, JOHN** Customer's Social Security Number: **516-05-6700**
SSA Remarks

Account Types

Account 1

Account Number: Joint Account: SSI Direct Deposit:

Type of Account: Select Account Type If "Other", Describe:

Name(s) On and Exact Account Designation

First: Last:
First: Last:

Continue to Part B, Account Balances

- Welcome
- Hitesh Patel
- TFP
- Thomson TFP
- Skokie, IL 60076
- Home
- Contact Support
- Log Out
- Process
- Request/Response
- Manual Response Search
- Manual Response Search Results
- Overdue Requests
- Review Folder
- Failed Fax Folder
- Mail Queue Folder
- Print Queue Folder
- Request File Folder
- Response File Folder
- Administration
- Edit Account Users
- Edit FI Locations
- Enter Invoice
- Reimbursement Folder
- Invoice Files
- Reports
- Activity Report
- Activity by User
- Statistical Report
- Statistical by Office
- TFPSYS Data Updates
- View Changes

Response WebForm - Part II, Part B - Account Balances

Steps: [\[Customer Information\]](#) [\[Account Information\]](#) **[\[Account Balances\]](#)** [\[Signatures\]](#) [\[Review Data\]](#)

Copies of account records may be submitted in lieu of entering data below.
For all accounts, provide opening balances as of the first day of the month for each account, for each month listed in the period.

Account Balances

Month/Year	Account # 222 Checking Account	-SSI Direct Deposit	Interest Paid (00.00)
1/2011	Balance (00.00)		Not Required
12/2010	\$		Not Required
11/2010	\$		Not Required
10/2010	\$		Not Required
9/2010	\$		Not Required
8/2010	\$		Not Required
7/2010	\$		Not Required
6/2010	\$		Not Required
5/2010	\$		Not Required
4/2010	\$		Not Required
3/2010	\$		Not Required
2/2010	\$		Not Required
1/2010	\$		Not Required
12/2009	\$		Not Required
11/2009	\$		Not Required
10/2009	\$		Not Required
9/2009	\$		Not Required
8/2009	\$		Not Required
7/2009	\$		Not Required
6/2009	\$		Not Required
5/2009	\$		Not Required
4/2009	\$		Not Required
3/2009	\$		Not Required
2/2009	\$		Not Required
1/2009	\$		Not Required

Attachments

Additional Information or Remarks

Remarks:

(Maximum 1000 Characters)

Continue

Welcome

Hitesh Patel
TFP
Thomson TFP
Skokie, IL 60076

Home

Contact Support

Log Out

Process

Request/Response

Manual Response
Search

Manual Response
Search Results

Overdue Requests

Review Folder

Failed Fax Folder

Mail Queue Folder

Print Queue Folder

Request File Folder

Response File Folder

Administration

Edit Accuity Users

Edit FI Locations

Enter Invoice

Reimbursement Folder

Invoice Files

Reports

Activity Report

Activity by User

Statistical Report

Statistical by Office

TFPSYS Data Updates

View Changes

Response WebForm - Signatures

Steps: [Customer Information] [Account Information] [Account Balances] [Signatures] [Review Data]

Financial Institution Representative Signature

- Primary Contact: John D Rhoden
 Secondary Contact: Nancy Dyer
 Other Contact:

Financial Institution Representative Phone Number

Phone:

Financial Institution Representative Signature Date

12 January 2011

[Continue](#)

[Continue](#)

- Welcome
- Hitesh Patel
- TFP
- Thomson TFP
- Skokie, IL 60076
- Home
- Contact Support
- Log Out
- Process
- Request/Response
- Manual Response Search
- Manual Response Search Results
- Overdue Requests
- Review Folder
- Failed Fax Folder
- Mail Queue Folder
- Print Queue Folder
- Request File Folder
- Response File Folder
- Administration
- Edit Acuity Users
- Edit FI Locations
- Enter Invoice
- Reimbursement Folder
- Invoice Files
- Reports
- Activity Report
- Activity by User
- Statistical Report
- Statistical by Office
- TFPSYS Data Updates
- View Changes

Response WebForm - Review Data

Steps: [Customer Information] [Account Information] [Account Balances] [Signatures] [Review Data]

* - Required Information

Status
Status: **New** on **01/12/2011**

Internal SSA Information
HUN : **516056700** Request Type: **New Application**

Request ID Information from Social Security Administration
Request ID: **722** SSA Request ID: **20021** Date Submitted: **01/12/2011**

SSA Representative
I certify that the applicable provisions of the Right to Financial Privacy Act of 1978 (12 U.S.C. 3401-3422) have been complied with in this request. Pursuant to the Right to Financial Privacy Act of 1978, good faith reliance upon this certification relieves your institution and its employees and agents of any possible liability to the customer in connection with the disclosure of these financial records.
First Name: **James** Middle: Last Name: **Heintz**
Address: **2-A-10 E. Highrise Bldg 6401 Security Blvd** State: **MD** ZIP: **21235**
City: **Baltimore** Phone: **000-000-0000** SSA Representative's Signature: **Signature is on file.**

Request Data from Social Security Administration
Customer's Social Security Number: **516-05-6700** Customer's Name: **KONDILIS, JOHN**
Customer's Address: **455 LEFT OF CENTER RD 4TH FLOOR SECOND DOOR ON RIGHT CHOCOLATE CITY, LA 49238** Applicant/Recipient If Other Than Customer
Account Number(s) (Individual or Joint): Name and Address of Financial Institution: **Space Coast CU 258 Palm Coast Pkwy NE Palm Harbor Shpng Plaza Palm Coast, FL 32137**
Please Provide Balances from: **1/2009 through 6/2009** Interest Requested: **NO**
8/2009 through 5/2010
9/2010 through 1/2011
Authorizing Signature: **Signature is on file.** Customer Other Names: SSA Remarks:

Request for Records
This request is authorized by section 1631(e)(1)(B) of the Social Security Act, as amended. While you are not required to respond, your cooperation will help us determine the eligibility of the applicant or recipient named above for Supplemental Security Income benefits. The customer's authorization for release of the information contained in your records appears on page one of this form.
Instructions for Completion
• Please provide information for the period **1/2009** through **1/2011** for the account number(s) listed and any others held (either individually or jointly) by the customer named.
• Please provide information on **ALL accounts associated** with the customer named, regardless if the account number is listed on this request
• Copies of account records may be submitted in lieu of entering data below.
• For all accounts, provide opening balances as of the **first day of the month** for each account, for each month listed in the period.
• We need account information even if the account has been closed or the account number has changed.
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• If no accounts are located, please return to the *Customer Detail* page and select the "No Accounts Found" option and then "Send to SSA".
• For step-by-step instructions for completing this Request using the e4641 System, please refer to your SSA SSI Asset Verification System User Guide.

Account Balances

Month/Year	Balance	Interest Paid
Account # 222 - Checking Account -SSI Direct Deposit John Kondilis		
1/2011	\$33.00	Not Required
12/2010	\$33.00	Not Required
11/2010	\$33.00	Not Required
10/2010	\$0.00	Not Required
9/2010	\$0.53	Not Required
5/2010	\$33.33	Not Required
4/2010	\$33.33	Not Required
3/2010	\$33.33	Not Required
2/2010	\$33.33	Not Required
1/2010	\$33.33	Not Required
5/2009	\$33.00	Not Required

[Edit Account Information](#)

Attachments
None
[Edit Attachments](#)

Additional Information or Remarks
Remarks:

FI Signature
*Signer: **Nancy Dyer**
*Phone: **3334445555**
*Date: **1/12/2011**

Continue
[Send to Social Security Administration](#)