DIRECT DEPOSIT SIGN-UP FORM (NAME OF COUNTRY) APPLICATION FOR PAYMENT OF UNITED STATES SOCIAL SECURITY MONTHLY BENEFITS BY DIRECT DEPOSIT

- Complete Section 1 and "SIGN YOUR NAME."
- Ask your bank to complete Section 3.
- Mail completed form back using address in Section 2

	SECTION 1 (C	OMPLETED B	Y PAYEE)				Change	e #3	
Name and Complete Mailing Address:	- SOCIAI	- SOCIAL SECURITY CLAIM NUMBER - B.I.C							
Change #2							- T		
			Name of Person Entitled to the Benefits						
Chang	ae #5		THIS BOX IS FOR ALLOTMENT OF PAYMENT ONLY (if applicable)						
TELEPHONE NUMBER:	Chango	TYPE			AMOUN			nge ‡	
CERTIFICATION I (beneficiary or representative payee) of and understand the back of this form. In authorize the Social Security Administra payment to the financial institution indic deposit it in the designated account. I us information in these payments is confided disclosure of payment information comp necessary to protect against fraud or critical content of the security of the security of the security and the security of the security of the security of the security and the security of the security of the security of the security and the security of	certify that I have read n signing this form, I ation to send this ated in Section 3 and inderstand that personal ential, but I consent to pelled by law or	I certify that I including the	SPECIAL N	and under	stand the	back of t	his form,		
YOUR SIGNATURE	DATE	JOINT ACCC			NATURE				
ARE YOU THE REPRESENTATIVE PA	YEE? Yes No	This account	is: My own acc	count		oint acco	ount		
BENEFICIARY DATE OF BIRTH			,						
nge #6		nge #9 (MAILING ADD	DRESS)						
GOVERNMENT AGENCY NAME:		MAIL COMPLETED FORMS TO:							
SOCIAL SECURITY ADMINISTRATION	ADDRESS OF EMBASSY FOR THAT COUNTRY or THE USA SOCIAL SECURITY ADMINISTRATION ADDRESS								
SECTI	ON 3 (COMPLETED	BY YOUR FINA	ANCIAL IN	STITUTI	ON) Ch	ange #	<i>‡</i> 11		
NAME OF BANK		BANK PHONE NUMBER							
ADDRESS OF BANK									
PRINT NAME OF BANK OFFICIAL	SIGNATURE	SIGNATURE OF BANK OFFICIAL							
Country Code Bran		anch Code	ch Code Check Digit						
Bank Code Accou				IBAN					
Bank Code	ACCC	ount Number			· ·	IDAN			

Form SSA-1199-OP6 (7/2010)

IMPORTANT INFORMATION - PLEASE READ CAREFULLY

Change #12

The information you give on this form is confidential. We need the information to send your U.S. Social Security payments electronically to your _____ bank account.

WHEN YOU WILL RECEIVE YOUR DIRECT DEPOSIT PAYMENTS

Change #13

You will receive your payment through the _____banking system and will usually be in your bank account shortly after the regular payment date. With direct deposit, you will have immediate access to your money. This is the safest way of receiving your benefits.

INFORMATION ABOUT CURRENCY CONVERSION

Change #14

With direct deposit, your U.S. Social Security payment converts automatically to _____ (if applicable) at the daily (international exchange rate before deposited to your account.

SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

If you have a joint account with a person who receives Social Security payments, and that person dies, you must immediately contact your bank **and** the Social Security Administration or the American Embassy or Consulate in your area. You must return to Social Security any payments deposited into a joint account after the death of a beneficiary.

IF YOUR ADDRESS CHANGES

If your address changes, you **must** inform the American Embassy or the Social Security Administration. Your payments may stop if the Social Security Administration needs to contact you and cannot find your location.

CHANGING BANKS OR BANK ACCOUNTS

If you change your bank or your account, you must notify one of these offices:

American Englisher //Consulate	Control Consumity				
American Embassy/Consulate	Social Security				
	Administration				
Address of the American	Office of International				
Embassy/Consulate	Operations				
	PO Box 17769				
	Baltimore, MD 21235-7769				
	USA				

You may need to fill out a new sign-up form. Do not close your old account until payments have started coming to your new account.

PAPERWORK REDUCTION ACT STATEMENT

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the <u>Paperwork</u> <u>Reduction Act of 1995</u>. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 5 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. You can find your local Social Security office through SSA's website at <u>www.socialsecurity.gov</u>. Offices are also listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778).** You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. **Send <u>only</u> comments relating to our time estimate to this address, not the completed form.**

Form SSA-1199-UK (3-2007)

DIRECT DEPOSIT SIGN-UP FORM (Country), Form SSA-1199-(Country) Privacy Act Statement Collection and Use of Personal Information

See Revised Privacy Act Statement Attached

Section 204 (a)(1) of the Social Security Act, as amended (42 U.S.C. 404), and 31 CFR 210, authorizes us to collect this information. We will use the information you provide to process Social Security benefit payments with your financial institution and/or its agent. The information you provide on this form is voluntary. However, failure to provide all or part of the requested information may affect the processing of this form and may delay or prevent the receipt of your benefit payments through the Direct Deposit/Electronic Funds Transfer Program.

We rarely use the information you provide on this form for any purpose other than for the reasons explained above. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1.To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;

2.To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office, General Services Administration, National Archives Records Administration, and the Department of Veterans Affairs);

3.To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and

4. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally-funded and administered benefit programs for repayment of payments or delinquent debts under these programs.

A complete list of routine uses for this information is available in our Systems of Records Notices entitled, Claims Folder System, 60-0089 and Master Beneficiary Record, 60-0090. These notices, additional information regarding this form, and information regarding our programs and systems, are available on-line at www.socialsecurity.gov or at your local Social Security office.

SSA will insert the following revised Privacy Act Statement into the form at its next scheduled reprinting:

Privacy Act Statement Collection and Use of Personal Information

Section 205(a) of the Social Security Act, as amended, authorizes us to collect this information. We will use the information you provide to process Social Security benefit payments with your financial institution and/or its agent.

Furnishing us this information is voluntary. However, failing to provide us with all or part of the information may affect the processing of this form and may delay or prevent the receipt of your benefit payments through the Direct Deposit/Electronic Funds Transfer Program.

We rarely use the information you supply for any purpose other than to process Social Security benefit payments with your financial institution and/or its agent. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

- 1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
- 2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans' Affairs);
- 3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and,
- 4. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity and improvement of Social Security programs (e.g., to the Bureau of the Census and to private entities under contract with us).

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for federally-funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

A complete list of routine uses for this information is available in our System of Records Notices entitled, Claims Folders Systems, 60-0089 and Master Beneficiary Record, 60-0090. These notices, additional information regarding this form, and information regarding our programs and systems, are available on-line at <u>www.socialsecurity.gov</u> or at your local Social Security office.