Request ID Search

### Social Security Administration E4641

Welc	ome
Peap	ock Test ack-Gladstone Bank OSTONE, NJ 07934
Hom	e
Edit	Users
Requ	iest Inbox
My R	esponses
Repo	rts
Cont	act Support
Log (	Out

### Response WebForm - Part I - Customer Detail

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

Status: Assigned on 01/12/2011

Request Assigned To

First Name: Peacock Middle

Phone: 1111111111

Last Name: Test

peacocktest 🕶 Assign Request

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:

Address: 2-A-10 E. Highrise Bldg 6401 Security Blvd City: Baltimore

State: MD

Last Name: Heintz 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

455 LEFT OF CENTER RD 4TH FLOOR SECOND DOOR ON RIGHT

CHOCOLATE CITY, LA 49238

KONDILIS, JOHN

Customer's Name

Applicant/Recipient if Other Than Customer

Account Number(s) (Individual or Joint)

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

Signature is on file.

Customer Other Names:

SSA Remarks:

Name and Address of Financial Institution

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

Interest Requested:

### 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.

0	No	accounts	found.

O Will not respond. Select Reason

If select the "Other explanation", please enter reason in text box.

(Maximum 1000 Characters)

### Request for Records

Send to SSA

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.

Save to My Responses | Enter Account Information

**SSA** 4641 Request ID Search Social Security Administration E4641 Response WebForm - Part II, Part A - Account Information Peacock Test Peapack-Gladstone Bank GLADSTONE, NJ 07934 Steps: [Customer Detail] [Account Information] [Account Balances] [Review Data] Customer Summary Customer's Name KONDILIS, JOHN Customer's Social Security Number 516-05-6700 Edit Users SSA Remarks Request Inbox Account Types My Responses Account 1

Joint Account: No SSI Direct Deposit: No 💌 Reports Contact Support Account Number: Log Out 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

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Continue to Part B, Account Balances

Save to My Responses Enter Account Balances

## Social Security Administration E4641

### 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	Balance (00.00)	Interest Paid (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		
		Attach Account Records
Additional Information or	Remarks	
Remarks:	(Maximum 1000 Characters)	
Continue  Save to My Responses	ntinue to Review Data	

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Search

## Social Security Administration E4641

### Welcome

Peacock Test Peapack-Gladstone Bank GLADSTONE, NJ 07934

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: Assigned on 01/12/2011

### Request Assigned To

First Name: Peacock Phone: 1111111111 Middle:

### 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 compiled 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:

Address: 2-A-10 E. Highrise Bldg 6401 Security Blvd City: Baltimore Phone: 000-000-0000

State: MD

Last Name: Heintz ZIP: 21235

Last Name: Test

SSA Representative's Signature: Signature is on file.

### Request Data from Social Security Administration

Customer's Social Security Number 516-05-6700

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

Account Number(s) (Individual or Joint)

### Please Provide Balances from

12/2008 through 9/2009 3/2010 through 1/2011 thorizing Signature: Signature is on file.

Customer Other Names SSA Remarks:

KONDILIS, JOHN

Applicant/Recipient if Other Than Customer

Name and Address of Financial Institution Peapack-Gladstone Bank 8000 Fellowship Vlg Basking Ridge , NJ 07920

Interest Requested: NO

### 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 Please provide information for the period 12/20U6 through 17/2011 to 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 "Nad Additional Accounts" option and a new blank form will be provided
  If no accounts are located, please return to the Customer Poetil page and select the "Na 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

14 11 07	D.1	1.0
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

Edit Attachments

## Additional Information or Remarks

Remarks:

Save to My Responses Send to Social Security Administration

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### Welcome

Peacock Test Peapack-Gladstone Bank GLADSTONE, NJ 07934

### Edit Users

Request Inbox

## My Responses

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 from 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

ZIP: 21235

### 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: Address: 2-A-10 E. Highrise Bldg 6401 Security Blvd

Last Name: Heintz State: MD

Applicant/Recipient if Other Than Customer

City: Baltimore Phone: 000-000-0000

SSA Representative's Signature: Signature is on file.

### Request Data from Social Security Administration

## tomer's Social Security Number 516-05-6700

Customer's Address

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

# tomer's Name KONDILIS, JOHN

Name and Address of Financial Institution Peapack-Gladstone Bank 8000 Fellowship Vlg Basking Ridge, NJ 07920

Account Number(s) (Individual or Joint)

Please Provide Balances from 12/2008 through 9/2009 3/2010 through 1/2011 Signature is on file.
Customer Other Names:
SSA Remarks:

Interest Requested:

### Request for Records

This request is authorized by section 1631 [e][1][8] 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

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  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 Petail 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

### **Attochments**

Additional Information or Remarks from the Financial Institution

Social Security Administr	ration F4641		
Welcome	Response WebForm - Part I - Custon	ner Detail	
Hitesh Patel		Steps: [Customer Information] [Account	nt Information] [Account Balances [Signatures] [Review Data
TFP Thomson TFP			
Skokie, IL 60076			View Case Management Page
Home	Status		
Contact Support	Status: New on 01/12/2011		
Log Out	Request ID Information		
Process Request/Response	Request ID: 722 SSA Representative	SSA Request ID: 20021	Date Submitted: <b>01/12/2011</b>
Manual Response	SSA Representative		
Search			2) have been complied with in this request. Pursuant to the
Manual Response Search Results	Right to Financial Privacy Act of 1978, good faith reli the customer in connection with the disclosure of the		on and its employees and agents of any possible liability to
Overdue Requests	First Name: James Address: 2-A-10 E. Highrise Bldg (	Middle:	Last Name: <b>Heintz</b>
Review Folder	City: Baltimore	State: MD	ZIP: 21235
Failed Fax Folder	Phone: 000-000-0000	A Representative's Signature: <b>Signature is on file</b> .	
Mail Queue Folder	338	Representatives signature. Signature is on the	
Print Queue Folder	Request Data from Social Security Administration		
Request File Folder	Customer's Social Security Number	Customer's Name	
Response File Folder	516-05-6700 Customer's Address	KONDILIS, JOHN Applicant/Recipient i	l if Other Than Customer
Administration	455 LEFT OF CENTER RD 4TH FLOOR SECOND DO		
Edit Accuity Users	CHOCOLATE CITY, LA 49238		
Edit FI Locations	Account Number(s) (Individual or Joint)	Name and Address of	Financial Institution
Enter Invoice	Diagon Davido Delagon france	Space Coast CU	Discover Debugger
Reimbursement Folder	Please Provide Balances from: 1/2009 through 6/2009	238 Paim Coast Palm Coast , FL :	Pkwy NE Palm Harbor Shpng Plaza 32137
Invoice Files	8/2009 through 5/2010	•	
Reports	9/2010 through 1/2011 Authorizing Signature:	Interest Requested:	
Activity Report	Signature is on file.	NO	
Activity by User	Customer Other Names: SSA Remarks:		
Statistical Report	33A Remarks.		
Statistical by Office	Unable to Supply Requested Information		
TFPSYS Data Updates	Reason Unable to Supply Requested Information		
View Changes	No Accounts Found: Only select this option if you have Will Not Respond: Select this option if you were able to provided.  No accounts found.		N at your institution. ustomer <u>SSN,</u> but cannot respond for one of the reasons
	O 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		

Continue

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.

- 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.

Enter Account Information

Request/HUN ID Request ID Search

Social Security Administra	ation E4641				
Welcome	Response WebForm - Part II, Part A - Account Information				
Hitesh Patel TFP	Steps: [Customer Information] [Account Information] [Account Balances [Signatures] [Review Data]				
Thomson TFP Skokie, IL 60076	Customer Summary				
Home	Customer's Name Customer's Social Security Number  KONDILIS, JOHN 516-05-6700				
Contact Support	SSA Remarks				
Log Out					
	Account Types				
Process Request/Response	Account 1  Account Number:  Joint Account: No v SSI Direct Deposit: No v				
Manual Response Search	Type of Account: Select Account Type				
Manual Response	Name(s) On and Exact Account Designation				
Search Results	First: Last: First: Last:				
Overdue Requests	Add Additional Owners				
Review Folder					
Failed Fax Folder	Add Additional Accounts				
Mail Queue Folder					
Print Queue Folder	Continue to Part B, Account Balances				
Request File Folder	Enter Account Balances				
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					

Request/HUN ID Request ID Search

## Social Security Administration E4641

### 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 - 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	Balance (00.00)	Interest Paid (00.00)
1/2011	\$	Not Required
12/2010	\$	Not Required
11/2010	\$	Not Required
10/2010	\$	Not Required
9/2010	\$	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
6/2009	\$	Not Required
5/2009	\$	Not Required
4/2009	\$	Not Required
3/2009	\$	Not Required
2/2009	\$	Not Required
1/2009	\$	Not Required

4	t	t	a	ci	b,	m	e	n	ts	

Attach Account Records

artional Injori	nacion or Re	narks		
	Remarks:			

(Maximum 1000 Characters)

## Continue

Continue to Signatures Page

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Request/HUN ID Request ID Search

DDILIOI	
Social Security Administr	ration E4641
Welcome	Response WebForm - Signatures
Hitesh Patel TFP	Steps: [Customer Information] [Account Information] [Account Balances; [Signatures] [Review Data]
Thomson TFP Skokie, IL 60076	Financial Institution Representative Signature
Home	O Primary Contact: John D Rhoden O Secondary Contact: Nancy Dyer
Contact Support	Other Contact:
Log Out	Financial Institution Representative Phone Number
Process Request/Response	Phone:
Manual Response Search	Financial Institution Representative Signature Date
Manual Response Search Results	12 January 🔻 2011
Overdue Requests	Continue
Review Folder	Continue
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	
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Social Security Administra Response WebForm - Review Data Welcome Hitesh Patel Steps: [Customer Information] [Account Information] [Account Balances] [Signatures] [Review Data] Thomson TFP Skokie, IL 60076 \* = Required Information Status Status: New on 01/12/2011 Contact Support Log Out Internal SSA Information HUN: 516056700 Request Type: New Application Process Request/Response Request ID Information from Social Security Administration Manual Response Request ID: 722 SSA Request ID: 20021 Date Submitted: 01/12/2011 Search Manual Response Search Results 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 Overdue Requests 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. Review Folder First Name: James Middle: Address: 2-A-10 E. Highrise Bldg 6401 Security Blvd City: Baltimore Phone: 000-000-0000 Failed Fax Folder Last Name: Heintz Mail Queue Folder State: MD ZIP: 21235 Print Queue Folder SSA Representative's Signature: Signature is on file. Request File Folder Response File Folder Request Data from Social Security Administration Administration Customer's Social Security Number 516-05-6700 Customer's Name KONDILIS, JOHN **Edit Accuity Users** Applicant/Recipient if Other Than Customer Edit FI Locations 455 LEFT OF CENTER RD 4TH FLOOR SECOND DOOR ON RIGHT Enter Invoice CHOCOLATE CITY, LA 49238 Reimbursement Folder Account Number(s) (Individual or Joint) Name and Address of Financial Institution Invoice Files 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
8/2009 through 5/2010
9/2010 through 1/2011
Authorizing Signature:
Signature is on file. Reports **Activity Report** Activity by User Interest Requested: Statistical Report Statistical by Office SSA Remarks: TFPSYS Data Updates

**View Changes** 

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

- 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

	John Kondilis	
Month/Year	Balance	Interest Paid
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

Attachments None Edit Attachments Additional Information or Remarks Remarks: F1 Signature \*Signer: Nancy Dyer \*Phone: 3334445555 \*Date: 1/12/2011 Continue Send to Social Security Administration