

Screen facsimiles:  
NHRR screen:

| Ln | 0 | 1   | 2                                    | 3                      | 4                        | 5                  | 6            | 7     | 8            |
|----|---|---|--------------------------------------|------------------------|--------------------------|--------------------|--------------|-------|--------------|
| No | 1 | 23456789012345678901234567890123456789012345678901234567890123456789      |                                      |                        |                          |                    |              |       | 0            |
| 1  | C | MCS   | TRANSFER TO:                         | NH RAILROAD EMPLOYMENT |                          |                    |              | NHRR  |              |
| 2  | 0 | NH  | SSSSSSSSSS                           | SSSSS                  | SSSSSSSSSS               | CL                 | SSSSSSSSSS   | SSSSS | SSSSSSSSSSSS |
| 3  | L |   |                                      |                        |                          |                    |              |       |              |
| 4  | U | RR EMPLOYEE:  | SSSSSSSSSS                           | S                      | SSSSSSSSSSSSSSSSSSSSSSSS | SSN:               | SSSSSSSSSS   |       |              |
| 5  | M | MONTHS WORKED IN RR AFTER 1936:   | XXX                                  | BEFORE 1937:           | XXX                      | LAST 18 MOS (Y/N): | X            |       |              |
| 6  | N | EVER FILE FOR RRB RET/DISAB (Y/N):  | X                                    | IF YES, CLAIM NO:      | XXXXXXXXXXXX             |                    |              |       |              |
| 7  | * | IF EMPLOYEE LIVING, REC'D RRB SICKNESS/UNEMPLOYMENT IN LAST 18 MOS (Y/N): | X                                    |                        |                          |                    |              |       |              |
| 8  | O | IF RRB EMPLOYEE DECEASED, SURVIVOR EVER RECEIVE RRB BENEFITS (Y/N):       | X                                    |                        |                          |                    |              |       |              |
| 9  | N | EMPLOYEE WORK IN RR AFTER APPLYING FOR SOC SEC BENEFITS (Y/N):            | X                                    |                        |                          |                    |              |       |              |
| 10 | E |   |                                      |                        |                          |                    |              |       |              |
| 11 |   | IF RR EMPLOYMENT IN LAST 18 MONTHS OR WORK AFTER FILING FOR SS BENEFITS:  |                                      |                        |                          |                    |              |       |              |
| 12 | R | RR EMPLOYER:  | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX |                        |                          |                    |              |       |              |
| 13 | E | WORK LOCATION:  | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX |                        |                          |                    |              |       |              |
| 14 | S | DEPT OCCUPATION:  | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX |                        |                          |                    |              |       |              |
| 15 | E |   |                                      |                        |                          |                    |              |       |              |
| 16 | R | IF CLAIMANT EVER RECEIVED RRB BENEFITS:                                   |                                      |                        |                          |                    |              |       |              |
| 17 | V | RR APPLICANT:   | SSSSSSSSSSSS                         | S                      | SSSSSSSSSSSSSSSSSSSSSSSS | CLAIM NO:          | XXXXXXXXXXXX |       |              |
| 18 | E | RR EMPLOYEE NAME:   | XXXXXXXXXXXX                         | X                      | XXXXXXXXXXXXXXXXXXXX     | SSN:               | XXXXXXXXXX   |       |              |
| 19 | D | RELATIONSHIP:   | XXXXXXXXXX                           |                        |                          |                    |              |       |              |
| 20 |   | BENEFIT TYPE:   | X                                    | SELECT 1. MONTHLY      | 2. LUMP-SUM              | 3. RESIDUAL        |              |       |              |
| 21 |   | HAS RRB NOTIFIED APPLICANT THAT RRB MAY BE AFFECTED BY ENTITLEMENT TO     |                                      |                        |                          |                    |              |       |              |
| 22 |   | SOCIAL SECURITY BENEFITS (Y/N):   | X                                    |                        |                          |                    |              |       |              |
| 23 |   |   |                                      |                        |                          |                    |              |       |              |
| 24 |   | ***** (LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION) *****          |                                      |                        |                          |                    |              |       |              |

SPRR screen:

| Ln | 0 | 1   | 2   | 3                      | 4            | 5                  | 6                 | 7    | 8 |
|----|---|---|---|------------------------|--------------|--------------------|-------------------|------|---|
| No | 1 | 23456789012345678901234567890123456789012345678901234567890123456789      |   |                        |              |                    |                   |      | 0 |
| 1  | C | MCS   | TRANSFER TO:                                | SP RAILROAD EMPLOYMENT |              |                    |                   | SPRR |   |
| 2  | 0 | NH  | SSSSSSSSSS                                  | SSSSS SSSSSSSSSSS      | CL           | SSSSSSSSSS         | SSSSS SSSSSSSSSSS |      |   |
| 3  | L |   |   |                        |              |                    |                   |      |   |
| 4  | U | RR EMPLOYEE:  | SSSSSSSSSS S SSSSSSSSSSSSSSS                | SSN:                   | SSSSSSSSSS   |                    |                   |      |   |
| 5  | M | MONTHS WORKED IN RR AFTER 1936:   | XXX   | BEFORE 1937:           | XXX          | LAST 18 MOS (Y/N): | X                 |      |   |
| 6  | N | EVER FILE FOR RRB RET/DISAB (Y/N):  | X   | IF YES, CLAIM NO:      | XXXXXXXXXXXX |                    |                   |      |   |
| 7  | * | IF EMPLOYEE LIVING, REC'D RRB SICKNESS/UNEMPLOYMENT IN LAST 18 MOS (Y/N): | X   |                        |              |                    |                   |      |   |
| 8  | O | IF RRB EMPLOYEE DECEASED, SURVIVOR EVER RECEIVE RRB BENEFITS (Y/N):       | X   |                        |              |                    |                   |      |   |
| 9  | N | EMPLOYEE WORK IN RR AFTER APPLYING FOR SOC SEC BENEFITS (Y/N):            | X   |                        |              |                    |                   |      |   |
| 10 | E |   |   |                        |              |                    |                   |      |   |
| 11 |   | IF RR EMPLOYMENT IN LAST 18 MONTHS OR WORK AFTER FILING FOR SS BENEFITS:  |   |                        |              |                    |                   |      |   |
| 12 | R | RR EMPLOYER:  | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        |                        |              |                    |                   |      |   |
| 13 | E | WORK LOCATION:  | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        |                        |              |                    |                   |      |   |
| 14 | S | DEPT OCCUPATION:  | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        |                        |              |                    |                   |      |   |
| 15 | E |   |   |                        |              |                    |                   |      |   |
| 16 | R | IF CLAIMANT EVER RECEIVED RRB BENEFITS:                                   |   |                        |              |                    |                   |      |   |
| 17 | V | RR APPLICANT:   | SSSSSSSSSSSS S SSSSSSSSSSSSSSSSSSS          | CLAIM NO:              | XXXXXXXXXXXX |                    |                   |      |   |
| 18 | E | RR EMPLOYEE NAME:   | XXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXX      | SSN:                   | XXXXXXXX     |                    |                   |      |   |
| 19 | D | RELATIONSHIP:   | XXXXXXXXXXXX                                |                        |              |                    |                   |      |   |
| 20 |   | BENEFIT TYPE:   | X SELECT 1. MONTHLY 2. LUMP-SUM 3. RESIDUAL |                        |              |                    |                   |      |   |
| 21 |   | HAS RRB NOTIFIED APPLICANT THAT RRB MAY BE AFFECTED BY ENTITLEMENT TO     |   |                        |              |                    |                   |      |   |
| 22 |   | SOCIAL SECURITY BENEFITS (Y/N):   | X   |                        |              |                    |                   |      |   |
| 23 |   |   |   |                        |              |                    |                   |      |   |
| 24 |   | ***** (LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION) *****          |   |                        |              |                    |                   |      |   |

CLRR screen:

| Ln No | 0 | 1   | 2                                    | 3   | 4          | 5                  | 6              | 7    | 8 |
|-------|---|---|--------------------------------------|---|------------|--------------------|----------------|------|---|
| 1     | C | MCS   | TRANSFER TO:                         | SP RAILROAD EMPLOYMENT                    |            |                    |                | CLRR |   |
| 2     | 0 | NH  | SSSSSSSS                             | SSSS SSSSSSSSS                            | CL         | SSSSSSSS           | SSSS SSSSSSSSS |      |   |
| 3     | L |   |                                      |   |            |                    |                |      |   |
| 4     | U | RR EMPLOYEE:  | SSSSSSSS S                           | SSSSSSSSSSSSSS                            | SSN:       | SSSSSSSS           |                |      |   |
| 5     | M | MONTHS WORKED IN RR AFTER 1936:   | XXX                                  | BEFORE 1937:                              | XXX        | LAST 18 MOS (Y/N): | X              |      |   |
| 6     | N | EVER FILE FOR RRB RET/DISAB (Y/N):  | X                                    | IF YES, CLAIM NO:                         | XXXXXXXXXX |                    |                |      |   |
| 7     | * | IF EMPLOYEE LIVING, REC'D RRB SICKNESS/UNEMPLOYMENT IN LAST 18 MOS (Y/N): | X                                    |   |            |                    |                |      |   |
| 8     | 0 | IF RRB EMPLOYEE DECEASED, SURVIVOR EVER RECEIVE RRB BENEFITS (Y/N):       | X                                    |   |            |                    |                |      |   |
| 9     | N | EMPLOYEE WORK IN RR AFTER APPLYING FOR SOC SEC BENEFITS (Y/N):            | X                                    |   |            |                    |                |      |   |
| 10    | E |   |                                      |   |            |                    |                |      |   |
| 11    |   | IF RR EMPLOYMENT IN LAST 18 MONTHS OR WORK AFTER FILING FOR SS BENEFITS:  |                                      |   |            |                    |                |      |   |
| 12    | R | RR EMPLOYER:  | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX |   |            |                    |                |      |   |
| 13    | E | WORK LOCATION:  | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX |   |            |                    |                |      |   |
| 14    | S | DEPT OCCUPATION:  | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX |   |            |                    |                |      |   |
| 15    | E |   |                                      |   |            |                    |                |      |   |
| 16    | R | IF CLAIMANT EVER RECEIVED RRB BENEFITS:                                   |                                      |   |            |                    |                |      |   |
| 17    | V | RR APPLICANT:   | SSSSSSSSSS S                         | SSSSSSSSSSSSSSSSSS                        | CLAIM NO:  | XXXXXXXXXX         |                |      |   |
| 18    | E | RR EMPLOYEE NAME:   | XXXXXXXXXX X                         | XXXXXXXXXXXXXXXXXXXX                      | SSN:       | XXXXXXXX           |                |      |   |
| 19    | D | RELATIONSHIP:   | XXXXXXXXXX                           |   |            |                    |                |      |   |
| 20    |   | BENEFIT TYPE:   | X                                    | SELECT 1. MONTHLY 2. LUMP-SUM 3. RESIDUAL |            |                    |                |      |   |
| 21    |   | HAS RRB NOTIFIED APPLICANT THAT RRB MAY BE AFFECTED BY ENTITLEMENT TO     |                                      |   |            |                    |                |      |   |
| 22    |   | SOCIAL SECURITY BENEFITS (Y/N):   | X                                    |   |            |                    |                |      |   |
| 23    |   |   |                                      |   |            |                    |                |      |   |
| 24    |   | ***** (LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION) *****          |                                      |   |            |                    |                |      |   |