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# **REPRESENTATIVE PAYEE REPORT**

		Octob	er 16, 2007	
		RRB Claim No.	SSN	
		Annuitant's Name		
		Reporting Period	Reporting Period	
-	and return this form in the enclos	7		
. Does the annuitant live with you? If NO, enter the name, address and p during the reporting period.	Duties and Paperwork Reduction YES INO hone number of the persons of			
		( )		
NAME	ADDRESS	DAYT	IME PHONE	
		( )		
NAME	ADDRESS	QAYT	IME PHONE	
. Are you the court appointed guardian or fiduciary guardian is a person appo individual.)				
YES-Attach a copy of the most and go to item 7. (Do not submi	5	5	to the court	
NO–Go to item 3.				
Enter the total amount of railroad ret annuitant during the reporting period	5	•		
. Enter the <b>dollar amount</b> of railroad annuitant's expenses during the repo				
Enter a breakdown of the total expensitems 5(a) through 5(d).	ses entered in item 4 by the ca	tegories listed in		
a. Room/Board	b. Clothing/Personal Spending			
c. Medical/Dental Care	<b>d.</b> Other			

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PLEASE RETURN THIS FORM IN THE ENCLOSED ENVELOPE.

<b>6.</b> If there we was held.	re surplus railroad retirement b	enefits at the end	l of the reporting period	, show how the balance
	Checking Acco	unt \$	Savings Acco	int \$
	-		-	
NOTE: If s	(Description) \$ (Am urplus benefits were held in che istration of the account below.		=	
🛄 "Bene	eficiary's name <b>by</b> your name"		"Your name <b>for</b> benefic	ciary's name"
Other	(describe)			
	sed any of the railroad retireme our own expenses or requiremen		ved by the annuitant du	ring the reporting
YES-I	Provide the following informatio	n:		
Amount use	ed \$	Ex	planation of use:	
🔲 NO-G	o to item 8.			
8. During the	reporting period, did the annuit	ant have income	from any of the followin	ng sources?
🔲 YES-E	Enter an "X" in the appropriate	box(es) and prov	de the requested inform	nation.
	Social Security \$		Claim Number	
	Public Service Pension \$	Amount	Claim Number	
	Work \$	Workers'	, ¢	
	Work \$Amount	Compensation	1 \$Amount	Claim Number
NO-Go			·	
Railroad Re	en convicted of a criminal or mi tirement Board or Social Securi such an offense currently pendir	ty Administratio	n within the past fifteer	lministered by the n years, or are
	Complete items 9(a) through 9(f)	below.		on Statement below, and ce provided.
<b>a.</b> What was/w	ere the offense(s) for which you wer	e convicted?		
<b>b.</b> On what dat	re(s) were you convicted?			
<b>c.</b> What was/we	ere your sentence(s)?			
<b>d.</b> If imprisone	d, when were you released?			
e. If probation	was ordered, when did or will the p	robation end?		
f. If charges are number, if kn	e currently pending, please give the nown.	location of the cou	irt in which charges are pe	ending, and the court docket
Location:			Docket Number:	
<b>CERTIFICATIO</b> or for withholding given is true, com	N STATEMENT: I understand that civ g information to cause payment of benefi plete and correct.	ril and criminal pena ts by the RRB. I affir	lties may be imposed on me for m that to the best of my know	or false or fraudulent statements, /ledge, the information I have 
Sign <sub>SIGNATI</sub>	URE			Date
here	e Phone ( )			
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### Paperwork Reduction Act/Privacy Act Notices

This notice is given under the Paperwork Reduction Act of 1995 and the Privacy Act of 1974. The information requested on this form is used by the Railroad Retirement Board (RRB) to conduct an accounting of your performance as representative payee for the reporting period shown on the form. The RRB's authority for requesting this information is section 7(b)(6) of the Railroad Retirement Act.

Your obligation to provide the requested information is voluntary. However, your failure to respond can result in your being asked to complete a more detailed report and it may result in a suspension of benefit payments or your removal as representative payee.

The information you provide on this form may be disclosed without your approval to the individual or institution you identified in question number one. Such information may also be disclosed without your approval to the General Accounting Office for audits, to the Justice Department for collecting overpayments owed to the RRB or the Social Security Administration, to law enforcement agencies and in court proceedings. 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.

We estimate this form takes an average of 18 minutes per response to complete, including the time needed 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 the Chief of Information Resources Management, Railroad Retirement Board, 844 North Rush Street, Chicago, Illinois 60611-2092.

## **Representative Payee Duties**

#### Use of benefits

You must use the railroad retirement benefits you receive for the annuitant in his or her best interest. To do this you must keep yourself informed of what the annuitant needs.

#### **Record-keeping requirements**

As part of your responsibilities as a representative payee, you must keep careful and accurate records regarding your receipt, disbursement and use of the annuitant's funds. Periodically, you will be asked to complete a report which will include the following questions:

- What was the amount of benefits on hand at the beginning of the year?
- How were the railroad retirement benefits available during the year used for support of the annuitant?
- How much of the railroad retirement benefits did you save for the annuitant?

- How did you invest the savings?
- Where did the annuitant live during the year?
- What was the annuitant's amount of income from other sources during the year?

#### Reporting to the RRB

The following changes must be reported by the representative payee to the RRB:

- You are discharged as legal guardian.
- A legal guardian is appointed or guardianship changes.
- You are no longer responsible for the annuitant's care.
- Your address changes.
- You are convicted of a criminal offense.
- The annuitant dies.
- The annuitant is restored to competency by a court.
- The annuitant marries, remarries, or divorces.
- The annuitant leaves your custody and care.

- The annuitant's address changes.
- The annuitant is outside the United States for more than 30 consecutive days.
- The annuitant performs any work, including self-employment.
- The annuitant is convicted of a criminal offense.
- The annuitant begins to receive a public service pension, or there is a change in the amount of the pension.
- An application for social security benefits is filed by the annuitant.
- A student annuitant graduates from high school or ceases full-time school attendance.