

(Do not write in this space)

CERTIFICATE OF ELECTION FOR REDUCED SPOUSE'S BENEFITS

1. PRINT NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON <i>(Hereafter called "Worker")</i>	ENTER HIS OR HER SOCIAL SECURITY NUMBER <div style="text-align: center;"> _ _ _ _ _ _ _ _ _ _ _ _ </div>
2. PRINT YOUR FULL NAME <i>(First name, middle initial, last name)</i>	ENTER YOUR SOCIAL SECURITY NUMBER <i>(if "none" or "unknown" so indicate.)</i> <div style="text-align: center;"> _ _ _ _ _ _ _ _ _ _ _ _ </div>

A spouse's insurance benefit may be payable for months between age 62 and full retirement age (FRA), even if you do not have in your care a child of the worker under age 16 or disabled entitled to a child's insurance benefit. Choosing to receive spouse's insurance benefits before FRA will result in a permanent reduction in your monthly benefits. Since such benefit will be at a permanently reduced rate and will continue at a permanently reduced rate even after FRA, the law requires that we obtain a certificate of election if you wish to receive the permanently reduced benefit. The amount of the reduction is 25/36 of 1 percent for each of the first 36 months from the start of the permanently reduced benefits to, but not including, the month you reach FRA. The reduction is 5/12 of 1 percent for each such month in excess of 36. In addition, if another beneficiary (ies) other than the wage earner (e.g., a student child beneficiary) is entitled to a monthly benefit on this Social Security number, election for a reduced spouse's benefit may cause a reduction in total monthly benefits. These reduced benefits may be paid for as many as 12 months before the month this certificate is filed. No reduced spouse's benefit may begin before the month you are 62. If you are eligible for retirement insurance benefits in the month this certificate takes effect, you will be considered to have applied for them.

3.	I elect to accept permanently reduced benefits as provided in Section 202(q) of the Social Security Act, beginning with _____ <div style="display: flex; justify-content: space-around; width: 80%; margin-left: auto; margin-right: auto;"> (Month) (Year) </div>
4.	Did you work in the railroad industry for 5 years or more? <input type="checkbox"/> Yes <input type="checkbox"/> No

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.

SIGNATURE OF PERSON COMPLETING THIS CERTIFICATE

Signature <i>(First name, middle initial, last name) (Write in ink)</i> SIGN HERE	Date <i>(Month, day, year)</i> _____ Telephone Number (include area code) _____
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Mailing Address *(Number and Street, Apt. No., P.O. Box, or Rural Route)*

City and State	ZIP Code	Enter Name of County (if any) in which you now live
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Witnesses are required ONLY if this certificate has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the person completing this certificate must sign below, giving their full addresses.

1. Signature of Witness	2. Signature of Witness
Address <i>(Number and Street, City, State and ZIP Code)</i>	Address <i>(Number and Street, City, State and ZIP Code)</i>

