

APPLICATION FOR SPOUSE/DIVORCED SPOUSE ANNUITY

DO NOT WRITE IN THIS SPACE

OFFICIALLY FILED

MONTH	DAY	YEAR

OFFICE NUMBER

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APPROVED

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APPLICATION NUMBER

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DATE CODED

MONTH	DAY	YEAR

CODED BY

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Section 1 General Instructions

Before you complete this application, be sure to read the booklet **RB-30**, Spouse/Divorced Spouse Annuity, which explains information you will need to answer many of the questions in this application. Also be sure to read the important notices at the end of the booklet **RB-30**.

Type or print legibly in ink. If you need more space than is provided to answer a question, use Section 15 for this purpose. If you do not know the answer to a question, print "Unknown" in the space provided for the answer.

When entering dates, always use numbers. Also, be sure there is one number in each box. For example, you would enter June 6, 2009, as:

Month	Day	Year
0 6	0 6	2 0 0 9

Some items in this application will not apply to you so you will not need to answer them. Based on your answer to a question, you may be told to skip to another item number, or even another section. Follow the instructions that tell you to "Go to" another item. These are designed to save you time and help you move through the application form quickly filling in only necessary information. **If no "Go to" instructions are given, answer the next item in order. Do not skip any items unless directed to do so.**

If you are completing this application on behalf of someone else, you must answer each question as it applies to **the applicant**.

Section 2 Identifying Information

Check the information entered by the Railroad Retirement Board (RRB) for Items 1 through 6 for accuracy.

- If the information is correct, **go to Section 3**.
- If the information is not correct, cross out the incorrect information and enter the correct information above it.
- If the information is missing, fill it in.

Employee Identification	1	EMPLOYEE'S RAILROAD RETIREMENT CLAIM NUMBER →	
	2	EMPLOYEE'S SOCIAL SECURITY NUMBER →	
	3	EMPLOYEE'S NAME →	
Applicant Identification	4	APPLICANT'S NAME →	
	5	MAILING ADDRESS →	
		CITY AND STATE →	
		ZIP CODE →	
6	DAYTIME TELEPHONE NUMBER →		

Criminal Offense	19	Enter an "X" in the appropriate box: Within the past 12 months, I have been imprisoned or given a sentence of confinement due to a conviction for a criminal offense. _____ →	<input type="checkbox"/> Yes → Go to Item 20 <input type="checkbox"/> No → Go to Section 4			
	20	Enter the date of the conviction. _____ →	Month	Day	Year	
	21	Enter the date of the sentence of confinement. _____ →	Month	Day	Year	
	22	Enter the date that confinement began. _____ →	Month	Day	Year	
23	Enter an "X" in the appropriate box: Has the confinement ended? _____ →	<input type="checkbox"/> Yes → Go to Item 24 <input type="checkbox"/> No → Go to Section 4				
24	Enter the date confinement ended. _____ →	Month	Day	Year		

Section 4 Information About Type Of Annuity

Please read Parts I & III of the **RB-30** booklet for information about spouse and divorced spouse annuities and reductions for early retirement.

Type of Annuity	25	Enter an "X" in the box that shows the type of spouse annuity you are filing for. _____ →	<input type="checkbox"/> FULL AGE ANNUITY <input type="checkbox"/> ANNUITY BASED ON CHILDREN <input type="checkbox"/> REDUCED AGE ANNUITY <input type="checkbox"/> DIVORCED SPOUSE WITH PREVIOUS AGE REDUCTION				} Go to Item 26 } Go to Section 5 } Go to Section 6
	26	Enter an "X" in the appropriate box: I will accept a reduced age annuity if I am not eligible for a full age annuity or an annuity based on child(ren). _____ →	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Section 5 Information About Children In Your Care

Please read Part I of the **RB-30** booklet for an explanation of "child-in-care."

Filing Based On Child-In-Care	27	Enter an "X" in the appropriate box: I have one or more of the railroad employee's children in my care who are unmarried and under age 18. (This includes natural children, adopted children, stepchildren and dependent grandchildren.) _____ →	<input type="checkbox"/> Yes → Go to Item 28 <input type="checkbox"/> No → Go to Item 33			
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Children	Print the requested information for every child in your care who would count toward qualifying you for an annuity. Print the youngest child in 28 , the second youngest in 29 , and so on. If a child does not have a social security number, enter "TO BE SUBMITTED."							
		Child's Full Name and Social Security Number	Relationship to Employee (Check One)	Date of Birth		Enter an "X" in the appropriate box: The child is disabled		
	28a	Name	28c <input type="checkbox"/> Natural <input type="checkbox"/> Adopted <input type="checkbox"/> Stepchild <input type="checkbox"/> Grandchild <input type="checkbox"/> Other	28d	Month	Day	Year	28e <input type="checkbox"/> Yes <input type="checkbox"/> No
	28b							
	29a	Name	29c <input type="checkbox"/> Natural <input type="checkbox"/> Adopted <input type="checkbox"/> Stepchild <input type="checkbox"/> Grandchild <input type="checkbox"/> Other	29d	Month	Day	Year	29e <input type="checkbox"/> Yes <input type="checkbox"/> No
	29b							
	30a	Name	30c <input type="checkbox"/> Natural <input type="checkbox"/> Adopted <input type="checkbox"/> Stepchild <input type="checkbox"/> Grandchild <input type="checkbox"/> Other	30d	Month	Day	Year	30e <input type="checkbox"/> Yes <input type="checkbox"/> No
	30b							
	31a	Name	31c <input type="checkbox"/> Natural <input type="checkbox"/> Adopted <input type="checkbox"/> Stepchild <input type="checkbox"/> Grandchild <input type="checkbox"/> Other	31d	Month	Day	Year	31e <input type="checkbox"/> Yes <input type="checkbox"/> No
	31b							
32a	Name	32c <input type="checkbox"/> Natural <input type="checkbox"/> Adopted <input type="checkbox"/> Stepchild <input type="checkbox"/> Grandchild <input type="checkbox"/> Other	32d	Month	Day	Year	32e <input type="checkbox"/> Yes <input type="checkbox"/> No	
32b								
<p>Note: To support your entitlement to a spouse annuity based on having a disabled child in your care, either you or the employee must complete and return to the RRB Form AA-19a, Application for Determination of Child's Disability, for each disabled child listed in Items 28-32.</p>								

Do not complete Item 33 if every child in items 28-32 is living with you; **go to Section 6.**

Children Not Living With Applicant	33	Print the requested information for every child not living with you. Print the youngest child in (a). Explain your parental responsibilities in Section 15.			
		Full Name Of Child	Child's Address	Person With Whom Child Now Lives	
				Name	Relationship To Child
	a				
	b				

Note: Items 34-45 are reserved.

Section 6 Information About Your Railroad Work

Please read Part II of the **RB-30** booklet for an explanation of work that you must stop.

Railroad Work	46	Enter an "X" in the appropriate box: I have worked for a railroad or other employer in the railroad industry or a railroad labor organization. _____	<input type="checkbox"/> Yes → Go to Item 47 <input type="checkbox"/> No → Go to Section 7
Last Railroad Employment	47	Enter the name of the railroad company or railroad labor organization that last employed you. _____	
	48	Enter your payroll name and identification number for that employer. (If you did not work for the employer named in Item 47 this year or last year, leave this item blank.) _____	
	49	Enter your last job title for that employer. (If you did not work for the employer named in Item 47 this year or last year, leave this item blank.) _____	

Last Railroad Employment (Cont.)	50	Enter your last division or department and its location for that employer. _____ →						
	51	Enter the dates you worked for that employer. (If your railroad employment has not ended, enter the last date you will work for that employer in the "TO" date.) _____ →	FROM			TO		
			Month	Day	Year	Month	Day	Year
52	Enter an "X" in the appropriate box: I relinquish my seniority rights and all other rights to work for the employer shown in Item 47 as of the last date entered in Item 51. _____ →	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Other Railroad Work	53	Enter an "X" in the appropriate box: I have worked for another railroad or other employer in the railroad industry or a railroad labor organization this year or last year. _____ →	<input type="checkbox"/> Yes → Go to Item 54 <input type="checkbox"/> No → Go to Item 60					
	54	Enter the name of that employer. _____ →						
	55	Enter your payroll name and Identification number for that employer. _____ →						
	56	Enter your last job title for that employer. _____ →						
	57	Enter your last division or department and its location for that employer. _____ →						
	58	Enter the dates you worked for the employer named in Item 54. (If your railroad employment has not ended, enter the last date you will work for this employer in the "TO" date.) _____ →	FROM			TO		
59	Enter an "X" in the appropriate box: I relinquish my seniority rights and all other rights to work for the employer shown in Item 54 as of the last date entered in Item 58. _____ →	Month	Day	Year	Month	Day	Year	
Railroad Seniority Rights	60	Enter an "X" in the appropriate box: I still have seniority rights or other rights to return to work for a railroad employer or a railroad labor organization not listed in Items 47 or 54. _____ →	<input type="checkbox"/> Yes → Go to Item 61 <input type="checkbox"/> No → Go to Section 7					
	61	Enter the name and address of any additional employer indicated in Item 60 with whom you still have rights to return to work. _____ →						
<p>Note: Your spouse annuity cannot begin until you relinquish your rights to employment with the employer(s) named in Items 47-61.</p>								

Section 7 Information About Your Nonrailroad Work

Do not complete this section if you are filing for a divorced spouse annuity.

Nonrailroad Work	Please read Part IV of the RB-30 booklet for information about nonrailroad work and how employment affects your annuity.						
	62 Enter an "X" in the appropriate box: I worked for pay outside the railroad industry within the 6 months before the date I expect my annuity to begin. (Do not include self-employment. Include any employment for an incorporated business which you own or public service.) →	<input type="checkbox"/> Yes → Go to Note and Item 63 <input type="checkbox"/> No → Go to Item 73					
<p>Note: If you had Last Pre-Retirement Nonrailroad Employment (LPE) after your annuity would begin, complete Form G-19F, Earnings Information Request, only when one of the following applies: (1) The annuity beginning date (ABD) is before January 1 of this year or (2) the ABD is January 1, or later, of this year, and you ceased working in LPE after the ABD month.</p>							
Most Recent Nonrailroad Work	63 Enter the name and address of your current or most recent nonrailroad employer. →						
	64 Enter your current or most recent job title for that employer. →						
	65 Enter your average monthly salary for that employer. (SHOW DOLLARS ONLY) →	\$					
	66 Enter the dates you worked for that employer. (If you have not set the date you expect to stop working, leave the "TO" date blank and check the box "I am still working.") →	FROM		TO			
		Month	Day	Year	Month	Day	Year
		<input type="checkbox"/> I am still working					
	67 Enter an "X" in the appropriate box: The employer named in Item 63 is a seasonal employer. →	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Next Most Recent Nonrailroad Work	68 Enter the name and address of your next most recent nonrailroad employer within the 6 months before the date you expect your annuity to begin. →	If none, enter "NONE" and go to Item 73					
	69 Enter your last job title for that employer. →						
	70 Enter your average monthly salary for that employer. (SHOW DOLLARS ONLY) →	\$					
	71 Enter the dates you worked for that employer. (If you have not set the date you expect to stop working, leave the "TO" date blank and check the box "I am still working.") →	FROM		TO			
		Month	Day	Year	Month	Day	Year
		<input type="checkbox"/> I am still working					
	72 Enter an "X" in the appropriate box: The employer named in Item 68 is a seasonal employer. →	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Self-Employment	If you are employed and your business is incorporated , answer Item 73 "No." Make sure Items 62-72 are also completed. If your business is not incorporated , answer Item 73 "Yes" and go to Item 74.						
	73 Enter an "X" in the appropriate box: I was self-employed during the last 6 months. →	<input type="checkbox"/> Yes → Go to Item 74 <input type="checkbox"/> No → Go to Section 8					
<p>Note: If answered "Yes," complete and return Form AA-4, Self-Employment and Substantial Service Questionnaire, to the RRB.</p>							

Self-Employment (Cont.)	74	Enter an "X" in the appropriate box: I am still self-employed. _____ →	<input type="checkbox"/> Yes → Go to Section 8 <input type="checkbox"/> No → Go to Item 75			
	75	Enter the date you were last self-employed. _____ →	Month	Day	Year	

Section 8 Information About When Your Annuity Will Begin

Please read Part II of the **RB-30** booklet to find out how your annuity beginning date is determined.

Annuity Beginning Date	76	Enter an "X" in the appropriate box: I want my annuity to begin on the earliest date permitted by law. _____ →	<input type="checkbox"/> Yes → Go to Section 9 <input type="checkbox"/> No → Go to Item 77			
	77	Enter the date you want your annuity to begin. _____ →	Month	Day	Year	

Section 9 Information About Your Earnings

Before answering Items 78-90, please read Part IV of the **RB-30** booklet to find out how earnings can affect your annuity.

For the exempt amounts, refer to **Form G-77a, How Work Affects Your Railroad Retirement Benefits**.

Earnings Last Year (Year)	78	Enter an "X" in the appropriate box: I expect my annuity to begin before January 1 of this year. _____ →	<input type="checkbox"/> Yes → Go to Item 79 <input type="checkbox"/> No → Go to Item 83			
	79	Enter an "X" in the appropriate box: My total earnings from all employment last year were more than the annual earnings exempt amount. _____ →	<input type="checkbox"/> Yes → Go to Item 80 <input type="checkbox"/> No → Go to Item 83			
	80	Enter your total earnings for last year. (SHOW DOLLARS ONLY) _____ →	\$			
	81	Enter an "X" in the appropriate box: I earned more than the monthly earnings exempt amount in employment for hire or performed substantial services in self-employment in every month last year. _____ →	<input type="checkbox"/> Yes → Go to Item 83 <input type="checkbox"/> No → Go to Item 82			
	82	Enter an "X" next to each month last year in which you did not earn more than the monthly earnings exempt amount or perform substantial services in self-employment. _____ →	<input type="checkbox"/> JAN <input type="checkbox"/> FEB <input type="checkbox"/> MAR <input type="checkbox"/> APR <input type="checkbox"/> MAY <input type="checkbox"/> JUN <input type="checkbox"/> JUL <input type="checkbox"/> AUG <input type="checkbox"/> SEP <input type="checkbox"/> OCT <input type="checkbox"/> NOV <input type="checkbox"/> DEC			
Earnings This Year (Year)	83	Enter an "X" in the appropriate box: I expect my total earnings for all employment this year to be more than the annual earnings exempt amount. (If all your earnings are from only railroad employment before your date last worked, answer "No.") _____ →	<input type="checkbox"/> Yes → Go to Item 84 <input type="checkbox"/> No → Go to Item 87			
	84	Enter the total amount you expect to earn this year. (SHOW DOLLARS ONLY) _____ →	\$			

Earnings This Year (Cont.)	85	Enter an "X" in the appropriate box: I expect to earn more than the monthly earnings exempt amount in employment for hire or to perform substantial services in self-employment in every month this year. _____ →	<input type="checkbox"/> Yes → Go to Item 87 <input type="checkbox"/> No → Go to Item 86											
	86	Enter an "X" next to each month this year in which you did not, or do not expect to, earn the monthly earnings exempt amount or perform substantial services in self-employment. _____ →	<table border="1"> <tr> <td>JAN</td> <td>FEB</td> <td>MAR</td> <td>APR</td> </tr> <tr> <td>MAY</td> <td>JUN</td> <td>JUL</td> <td>AUG</td> </tr> <tr> <td>SEP</td> <td>OCT</td> <td>NOV</td> <td>DEC</td> </tr> </table>	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
JAN	FEB	MAR	APR											
MAY	JUN	JUL	AUG											
SEP	OCT	NOV	DEC											
Earnings Next Year (Year)	87	Enter an "X" in the appropriate box: I am filing this application in September, October, November, or December. _____ →	<input type="checkbox"/> Yes → Go to Item 88 <input type="checkbox"/> No → Go to Section 10											
	88	Enter an "X" in the appropriate box: I expect my total earnings for all employment next year to be more than this year's annual earnings exempt amount. _____ →	<input type="checkbox"/> Yes → Go to Item 89 <input type="checkbox"/> No → Go to Section 10											
	89	Enter the total amount that you expect to earn next year. (SHOW DOLLARS ONLY) _____ →	\$											
	90	Enter an "X" next to each of the first four months of next year in which you expect to earn less than this year's monthly earnings exempt amount. _____ →	<table border="1"> <tr> <td>JAN</td> <td>FEB</td> <td>MAR</td> <td>APR</td> </tr> </table>	JAN	FEB	MAR	APR							
JAN	FEB	MAR	APR											

Section 10 Information About Social Security Benefits

Please read Part V of the **RB-30** booklet to see how this application can protect your rights to social security benefits, and to see what effect social security benefits will have upon your railroad retirement annuity.

Social Security Filing Date	91	Enter an "X" in the appropriate box: I also want this application used to protect my filing date for social security benefits. (Answer "Yes" only if you are age 62 or older, disabled, or otherwise eligible for social security old age, disability, or survivor benefits and you have not filed an application for such benefits.) _____ →	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Social Security Benefits	92	Enter an "X" in the appropriate box: I have filed, or plan to file within the next 90 days, an application for social security benefits. _____ →	<input type="checkbox"/> Yes → Go to Item 93 <input type="checkbox"/> No → Go to Section 11				
	93	Enter the date you became or will become eligible for these social security benefits. _____ →	<table border="1"> <tr> <th>Month</th> <th>Year</th> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Month	Year		
	Month	Year					
94	Enter an "X" in the appropriate box: I have received my first social security payment. _____ →	<input type="checkbox"/> Yes → Go to Item 95 <input type="checkbox"/> No → Go to Item 96					
95	Enter the current total monthly amount of your social security benefits (before reduction for work or Medicare premiums). _____ →	\$					

Social Security Benefits (Cont.)	96	Enter an "X" in the appropriate box: All or part of my social security benefits described above are based on the earnings of someone other than the railroad employee or myself. _____ →	<input type="checkbox"/> Yes → Go to Item 97	<input type="checkbox"/> No → Go to Section 11
	97	Enter the social security number of the person on whose earnings your social security benefits are based. _____ →		
	98	Enter the name of the person on whose earnings your social security benefits are based. _____ →		

Section 11 Information About Other Railroad Retirement Annuity

Please read Part V of the **RB-30** booklet for an explanation of the reduction for other railroad retirement annuities.

Other Railroad Annuity	99	Enter an "X" in the appropriate box: I previously filed, or I am now filing for a separate railroad retirement annuity based on an earnings record of someone other than the railroad employee named in Item 3. (Include yourself if applicable.) _____ →	<input type="checkbox"/> Yes → Go to Item 100	<input type="checkbox"/> No → Go to Section 12
	100	Print the full name of that other person. _____ →		
	101	Enter that other person's Railroad Retirement Board claim number, including the letter prefix. _____ →	Prefix	If only six numbers, enter here:

Section 12 Information About Public Service Pension

Please read Part V of the **RB-30** booklet for an explanation of the reduction for a Public Service Pension.

Public Service Pension	102	Enter an "X" in the appropriate box: I am receiving or expect to receive a pension or I have received or expect to receive a lump-sum payment instead of a pension, based on my earnings, from a agency of the Federal, state, or local government. (Answer "No" if your only government pension payments are social security, railroad retirement, veterans affairs, worker's compensation, or black lung benefits. Also answer "No" if you received a lump-sum payment that was just your contributions to the pension fund plus interest.) _____ →	<input type="checkbox"/> Yes → Go to Item 103	<input type="checkbox"/> No → Go to Section 13
	103	Enter an "X" in the appropriate box: I am/was an employee of the Federal Government. _____ →	<input type="checkbox"/> Yes → Go to Note and Section 13	<input type="checkbox"/> No → Go to Item 104

Note: If answered "Yes," complete and return to the RRB, **Form G-208, Public Service Pension Questionnaire**, and verification of your pension.

Public Service Pension (Cont.)	104	Enter an "X" in the appropriate box: In the last 60 months of employment, I was employed by a state or local government or the military service, and social security (FICA) taxes were being deducted from my public service earnings. _____ →	<input type="checkbox"/> Yes → Go to Section 13 <input type="checkbox"/> No → Go to Note and Section 13	
			NOTE: <i>If answered "No," complete and return to the RRB, Form G-208, Public Service Pension Questionnaire, and verification of your pension.</i>	

Section 13 Information About Medicare

Complete this section only if you are 64 years and 5 months of age or older.

Please read Part VI of the **RB-30** booklet for an explanation of the Medicare program.

Medicare Enrollment	105	Enter an "X" in the appropriate box: I have a Medicare card that shows entitlement to Medicare medical insurance (Part B). _____ →	<input type="checkbox"/> Yes → Go to Item 106 <input type="checkbox"/> No → Go to Item 107		
	106	Enter your Medicare claim number. (If this is a railroad retirement filing, enter the prefix. If it is a social security filing, enter the suffix.) _____ →	Prefix	Suffix	
				Go to Section 14	
	107	Enter an "X" in the appropriate box: I have filed for Part B within the last three months. _____ →	<input type="checkbox"/> Yes → Go to Item 108a <input type="checkbox"/> No → Go to Item 109		
	108	a	Enter the social security number or railroad retirement claim number under which you filed. (If this is a railroad retirement filing, enter the prefix. If it is a social security filing, enter the suffix.) _____ →	Prefix	Suffix
		b	Enter the date you filed. _____ →	Month	Day
				Year	Go to Section 14
	109	Enter an "X" in the appropriate box: I wish to enroll in Part B. _____ →	<input type="checkbox"/> Yes → If you are under age 65 years and 4 months, go to Section 14. If you are older than age 65 years and 3 months, go to Item 110. <input type="checkbox"/> No → I understand that I elected not to enroll in Part B and that the premium rate may be higher if I do enroll later in Part B. Go to Section 14.		
110	Enter an "X" in the appropriate box: I am currently covered by an employer group health plan (EGHP) based on my own or my spouse's current employment. _____ →	<input type="checkbox"/> Yes → Go to Item 112 <input type="checkbox"/> No → Go to Item 111			
111	Enter an "X" in the appropriate box: I was previously covered by an EGHP based on my own or my spouse's current employment. _____ →	<input type="checkbox"/> Yes → Go to Item 113 <input type="checkbox"/> No → Go to Section 14			
112	The beginning date of my EGHP coverage is: _____ → If applicable, the date employment will stop for the person whose employment qualifies me for EGHP coverage is: _____ →	Month	Day	Year	
		Month	Day	Year	
			Go to Item 114		

Medicare Enrollment (Cont.)	113	The beginning and ending dates of my EGHP coverage and the date last worked in the employment which qualified me for EGHP coverage are:	Month	Day	Year
		EGHP Beginning Date →			
		EGHP Ending Date →			
		Date Employment Stopped →			
Go to Item 114					
	114	Enter an "X" in the appropriate box: I wish to enroll in a special enrollment period. →	<input type="checkbox"/> Yes → Go to Item 115a <input type="checkbox"/> No → Go to Item 116		
	115	Enter an "X" in the appropriate box: a. I am enrolling in Part B while either still covered by an EGHP or during the first full month after my EGHP coverage. →	<input type="checkbox"/> Yes → Go to Item 115b <input type="checkbox"/> No → Go to Section 14		
		b. I am requesting a Part B effective date of →	Month	Day	Year
	116	Enter an "X" in the appropriate box: I am requesting premium surcharge relief for the months of EGHP coverage. →	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Section 14 Direct Deposit

Please read Part VII of the **RB-30** booklet for an explanation of Direct Deposit.

Benefits are generally paid by Direct Deposit to your bank, savings and loan, credit union, or other financial institution. To provide the information we need to correctly deposit your payments, attach a voided personal check and **go to Section 15**, or call your financial institution for the information you need to complete Items 117-121, below. If you do not have a bank account, or if you believe receiving your payments by Direct Deposit would cause you a hardship, **go to Item 122**.

Direct Deposit	117	Enter the name of your financial institution.			
	118	Enter the telephone number of your financial institution. →	Area Code	Telephone Number	
	119	Enter the routing transit number of your financial institution. →			
	120	Enter your account number. →			
	121	Enter an "X" in the appropriate box: Type of account for the above account number. →	<input type="checkbox"/> Checking <input type="checkbox"/> Savings Go to Section 15		
122	Check this box if you do not have a checking or savings account, or if Direct Deposit would cause you a hardship. →	<input type="checkbox"/>			

Section 16 Certification

Certification	124	Enter an "X" in the appropriate box: I will have a guardian or other representative sign this application on my behalf. →	<input type="checkbox"/> YES → Go to Note and Item 125 <input type="checkbox"/> NO → Go to Item 125
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Note: *If answered "Yes," your guardian or other representative must sign this application. That person must also complete and return **Form AA-5, Application for Substitution of Payee.***

125	<p>I know that if I make a false or fraudulent statement in order to receive benefits from the Railroad Retirement Board (RRB), I am committing a crime which is punishable under Federal law. I have received the booklets, RB-30, Spouse/Divorced Spouse Annuity and RB-9, Employee and Spouse Annuities—Events That Must Be Reported. I understand that I am responsible for reporting events that would affect my annuity as explained in these booklets. I certify that the information I gave the RRB on this application is true to the best of my knowledge.</p> <p>I agree to immediately notify the RRB:</p> <ul style="list-style-type: none"> • IF I go to work for a railroad or railroad labor organization, or return to work in any capacity in the railroad industry. • IF I am filing in advance of the date(s) shown in Item(s) 51 (and 58), and there is a change in a date. • IF I receive a settlement with credit for railroad service as "pay-for-time-lost" for months after the date(s) shown in Item(s) 51 (and 58). • IF I return to work for my Last Pre-Retirement Nonrailroad Employer and there is a change in my estimated earnings. • IF I begin to receive benefits directly from the Social Security Administration. • IF benefits I receive directly from SSA are adjusted for a reason other than normal cost-of-living increases. • IF I begin to receive a public service pension or there is a change in the amount of my public service pension. • IF my marriage ends in death or divorce (if I am filing for a spouse annuity). • IF I remarry (if I am filing for a divorced spouse annuity). • IF a qualifying child marries or leaves my custody or residence. • IF my address changes. • IF I am confined in a jail, prison, penal institution, or correctional facility due to a conviction for a criminal offense. • IF I earn more than the annual earnings exempt amount. • IF I perform work, including self-employment, for a family owned, controlled or managed business, including a business operated, managed or owned by me, a family member, friend or close associate, whether for pay or not, and without regard to how the business is organized (e.g., sole proprietorship, partnership, corporation, LLC, etc.). • IF I become a corporate officer of, own, or operate a corporation (including a corporation owned by a family member or friend) whether for pay or not. • IF I receive anything of value in lieu of salary or wages for any work that I performed. <p>Also, if I am covered by the earnings restriction provisions of the Railroad Retirement Act, I have received and reviewed Form G-77a, How Work Affects Your Railroad Retirement Benefits. Failure to report any of the above events or other events that may affect my annuity may result in a penalty deduction from my annuity, criminal and/or civil prosecution.</p> <p>SIGNATURE → </p> <p>(First Name, Middle Initial, Last Name)</p> <p>DATE → <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <th style="padding: 2px;">Month</th> <th style="padding: 2px;">Day</th> <th style="padding: 2px;">Year</th> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> </tr> </table> </p>	Month	Day	Year			
Month	Day	Year					

126	If this certification is signed by mark ("X") in Item 125, two witnesses who know the person signing must sign below, giving their full addresses and daytime telephone numbers.										
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> a. Signature of Witness Address (Number and Street) City, State, ZIP Code <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <th style="padding: 2px;">Area Code</th> <th style="padding: 2px;">Telephone Number</th> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 80px; height: 20px;"></td> </tr> </table> </td> <td style="width:50%; vertical-align: top;"> b. Signature of Witness Address (Number and Street) City, State, ZIP Code <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <th style="padding: 2px;">Area Code</th> <th style="padding: 2px;">Telephone Number</th> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 80px; height: 20px;"></td> </tr> </table> </td> </tr> </table>	a. Signature of Witness Address (Number and Street) City, State, ZIP Code <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <th style="padding: 2px;">Area Code</th> <th style="padding: 2px;">Telephone Number</th> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 80px; height: 20px;"></td> </tr> </table>	Area Code	Telephone Number			b. Signature of Witness Address (Number and Street) City, State, ZIP Code <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <th style="padding: 2px;">Area Code</th> <th style="padding: 2px;">Telephone Number</th> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 80px; height: 20px;"></td> </tr> </table>	Area Code	Telephone Number		
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Section 17 How To Return Your Application

Before you return your application, check to make sure that:

- **Every** question that applies to you has been answered.
- You have entered “unknown” in **any** answer space for which you were unable to answer a question.
- You have signed and dated the application.
- You have included **all** the needed proofs listed in the letter you received with this application.

When you received your application, you should also have received a pre-addressed return envelope. If you do not have this envelope, you can use any envelope as long as it is addressed to the RRB office serving your location. No matter which envelope you use, you must put the correct postage on the envelope. Be careful to provide enough postage, because your application and the accompanying forms may weigh more than a standard letter. The U.S. Postal Service will not deliver your application unless it has the correct postage.

Make one final check before you seal the envelope to ensure that the following are enclosed:

- NEEDED PROOFS
- THE APPLICATION FORM ITSELF
- ADDITIONAL FORMS YOU WERE ASKED TO COMPLETE

Note: After the RRB receives your application, a receipt form with information about your claim will be sent to you. When you receive it, you will know that the RRB has received your application and has started the work needed to determine if you are entitled to benefits. If you do not receive the receipt within two weeks after you have filed this application, please contact us so we can find out what is causing the delay.