UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

PROPOSED

Application for Mother's/Father's and Child's Annuity

DO NOT WRITE IN THIS SPACE

OFFICIALLY FILED

MONTH	DAY	YEAR

OFFICE NUMBER

APPROVED

APPLICATION NUMBER

DATE CODED

MONTH	DAY	YEAR

CODED BY

Section 1 General Instructions

Before you complete this application, be sure to read booklet RB-17, Survivor Annuities, 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.

Type or print legibly in ink. If you need more space than is provided to answer a question, use Section 10 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, 2015, as:

MONTH	DAY	YEAR
0 6	0 6	2 0 1 5

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 NAME →	
	2		EMPLOYEE'S SOCIAL SECURITY NUMBER →	
	3		EMPLOYEE'S RAILROAD RETIREMENT CLAIM NUMBER →	
Applicant Identification	4		APPLICANT'S NAME →	
	5	a	STREET ADDRESS →	
		b	CITY AND STATE →	
		c	ZIP CODE →	
		d	COUNTY →	
	6		DAYTIME TELEPHONE NUMBER →	

Section 3 Information About The Employee

If a railroad retirement survivor benefit was previously received by someone, **go to Section 4;** otherwise **go to Item 7.**

Birth Date

7 Enter the employee's date of birth. → Month | Day | Year

Residence

8 Enter the state (or country if other than United States) which was the employee's permanent home at the time of death. →

If the employee was age 62 or older when he or she died, **go to Item 10.**

Disability

9 Enter an "X" in the appropriate box:
The employee was unable to work at the time of death because of an illness or accident which occurred at least five months before death. →
- ❑ Yes
- ❑ No

Military Service

Please read the section *"Credit for Employee's Military Service"* in Part V of the RB-17 booklet to find out how active military service is determined.

10 Enter an "X" in the appropriate box:
The employee was in active military service after September 7, 1939. →
- ❑ Yes → **Go to Note and Item 11**
- ❑ No → **Go to Item 13**

Note: *If answered "Yes," you will have to submit proof of the employee's military service. If you cannot submit proof show, in Section 10, the branch of the service and the beginning and ending dates for each period of service.*

11 Enter an "X" in the appropriate box:
The employee had voluntary military service during the period June 15, 1948, through December 15, 1950. →
- ❑ Yes → **Go to Item 12**
- ❑ No → **Go to Item 13**

12 Enter an "X" in the appropriate box:
The employee had non-railroad earnings after leaving the military service and before returning to the railroad. →
- ❑ Yes
- ❑ No

Recent Employment

13 Regardless of whether the employee was retired at death, show the name and address of each railroad or non-railroad employer for whom the employee performed any part-time or full-time work during the last **3 years** he or she worked. Print the name and address of the most recent employer in **13a**, the second in **13b**, and so on. Enter the date each job began and ended.

Name and Address of Employer	Began		Ended	
a Name				
Address	Month	Year	Month	Year
City, State, ZIP Code				
b Name				
Address	Month	Year	Month	Year
City, State, ZIP Code				
c Name				
Address	Month	Year	Month	Year
City, State, ZIP Code				

Self-Employment

14 Enter an "X" in the appropriate box:
The employee was self-employed during any of the last three calendar years. →
- ❑ Yes → **Go to Item 15**
- ❑ No → **Go to Item 17**

15 Enter an "X" in the appropriate box:
The employee's net earnings from self-employment were more than $400 in any of the last three calendar years. →
- ❑ Yes → **Go to Item 16**
- ❑ No → **Go to Item 17**

Self-Employment Con't

16 Enter an "X" in the appropriate box(es):
Show the year or years in which the employee's net earnings from self-employment were more than $400. →

- ❑ This year
- ❑ Last year
- ❑ Year before last

Railroad Employment

Answer Items 17 and 18 **only** if the employee was alive on October 1, 1981, and he or she had at least 25 years of railroad service; otherwise **go to Item 19.**

If the employee was alive on October 1, 1981, and had at least 25 years of railroad service, please read the section *"Requirements the Employee Must Have Met"* in Part I of the RB-17 booklet to find out what special conditions may apply.

Note: *You may be requested to submit proof to verify the statements made in Items 17 and 18.*

17 Enter an "X" in the appropriate box:
The employee "involuntarily and without fault":

- stopped working for his or her last railroad employer on or after October 1, 1975, **or**
- was on furlough, leave of absence status, or absent because of injury on October 1, 1975, and was never called back to work for that employer.

→

- ❑ Yes → **Go to Item 18**
- ❑ No → **Go to Item 19**

18 Enter an "X" in the appropriate box:
The employee declined an offer from a railroad employer to return to a job in the same "class or craft" as his or her last railroad job. →

- ❑ Yes
- ❑ No

Employee's Marriages

19 Enter the requested information for **each** of the employee's marriages. Enter the most recent marriage in **19a,** the second most recent in **19b,** and so on.

	Name of Employee's Wife or Husband (if wife, include maiden name)	Date Married			City and State Married (country if other than United States)	How Marriage Ended (check one)	Answer if Marriage Ended for Reason Other than Employee's Death			
							Date Marriage Ended			City and State Marriage Ended (country if other than United States)
a		Month	Day	Year		❑ Employee's Death ❑ Spouse's Death ❑ Divorce ❑ Annulment	Month	Day	Year	
b		Month	Day	Year		❑ Employee's Death ❑ Spouse's Death ❑ Divorce ❑ Annulment	Month	Day	Year	
c		Month	Day	Year		❑ Employee's Death ❑ Spouse's Death ❑ Divorce ❑ Annulment	Month	Day	Year	

Widow(er)

Answer Item 20 **only** if you and the employee were divorced.

Please read the marriage requirements in Part III of the RB-17 booklet to find out what categories of widow(er)s may be eligible for a railroad retirement annuity.

20 Enter an "X" in the appropriate box:
There is a widow(er) or remarried widow(er) who may be eligible for a widow(er)'s annuity. →

- ❑ Yes
- ❑ No

Parents

21 Enter an "X" in the appropriate box:
The employee was survived by a parent. → ❑ Yes → **Go to Item 22** ❑ No → **Go to Section 4**

22 Enter an "X" in the appropriate box:
The parent was dependent on the employee for one-half of his or her support. → ❑ Yes → **Go to Item 23** ❑ No → **Go to Section 4**

23 Enter the requested information for each dependent parent of the employee.

Name of Parent	Date of Birth			Address and Telephone Number
	Month	Day	Year	
a				Address Telephone Number (include area code) ( )
b				Address Telephone Number (include area code) ( )

Section 4 Information About The Applicant

Birth Date

24 Enter your date of birth. → Month | Day | Year

Social Security Number

25 Enter your social security number.
(If none, enter "To be submitted.") →

Marriages

26 Enter an "X" in the appropriate box:
I am now, or was previously, married to someone other than the employee. → ❑ Yes → **Go to Item 27** ❑ No → **Go to Item 29**

27 Enter the requested information for **each of your marriages to someone other than the employee.** Enter the most recent marriage in **27a,** the second most recent in **27b,** and so on.

Your Husband's or Wife's Name and Social Security Number (do not show employee)	Date Married			City and State Married (country if other than United States)	If Marriage Never Ended, Leave These Blank				
					How Marriage Ended (check one)	Date Marriage Ended			City and State Marriage Ended (country if other than United States)
	Month	Day	Year			Month	Day	Year	
a Name					❑ Spouse's Death ❑ Divorce ❑ Annulment				
b Name					❑ Spouse's Death ❑ Divorce ❑ Annulment				
c Name					❑ Spouse's Death ❑ Divorce ❑ Annulment				

28 Answer only if **any** of the social security numbers requested in Item 27 are unknown. If more than one social security number is unknown, enter in Section 10, the information requested in this item for each additional unknown number.

a Enter the name of the husband or wife whose social security number is unknown. →

b Enter that husband's or wife's **date of birth.** → Month | Day | Year

c Enter that husband's or wife's **place of birth.** →

***Item 28** continues on the next page.*

Marriages (cont.)	28	d	Enter that husband's or wife's **father's name.** →	
		e	Enter that husband's or wife's **mother's maiden name.** →	
Support	If you and the employee were divorced, **go to Item 35.**			
	29		Enter an "X" in the appropriate box: The employee and I were living together when the employee died. If "Yes," and you are male, **go to Item 34**. If "Yes," and you are female, **go to Item 35.** →	❑ Yes ❑ No → **Go to Item 30**
	30		Enter the date you and the employee stopped living together. →	Month | Day | Year
	31		Enter the reason you and the employee stopped living together. →	_____ _____
	32		Enter an "X" in the appropriate box: The employee was making regular contributions to my support when the employee died. If "Yes," and you are male, **go to Item 34.** If "Yes," and you are female, **go to Item 35.** → **(Note:** Consider the following as contributions to support: money, food, clothes, paying bills, providing rent-free housing.)	❑ Yes ❑ No → **Go to Item 33**
	33		Enter an "X" in the appropriate box: The employee was under a court order to contribute to my support. → **(Note:** Answer "Yes" if there was a court order, even if the employee was **not** obeying it.)	❑ Yes → **Go to Item 35** ❑ No → **Go to Item 35**
One-Half Support	Answer Item 34 only if you are working or have ever worked in the railroad industry, **and** Items 29 or 32 are answered "Yes."			
	34		Enter an "X" in the appropriate box: The employee's contributions to me provided **at least** one-half of the money needed to support me. →	❑ Yes → **Go to Note and Item 35** ❑ No → **Go to Item 35**
	Note: *If answered "Yes," complete and return to the RRB,* ***Form G-134, Statement Regarding Contributions and Support.***			
Criminal Offense	35		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. →	❑ Yes → **Go to Item 36** ❑ No → **Go to Section 5**
	36		Enter the date of the conviction. →	Month | Day | Year
	37		Enter the date of the sentence of confinement. →	Month | Day | Year
	38		Enter the date that confinement began. →	Month | Day | Year
	39		Enter an "X" in the appropriate box: Has the confinement ended? →	❑ Yes → **Go to Item 40** ❑ No → **Go to Section 5**
	40		Enter the date confinement ended. →	Month | Day | Year

Section 5 Information About Children

Please read the section *"Definition of a Child's Annuity"* in the RB-17 booklet to find out what categories of children may be eligible for a railroad retirement annuity.

Children

41 Print the requested information for **every** child for whom you are filing this application who may be entitled to a child's annuity. Print the youngest child in **a,** the second youngest in **b,** and so on. **Always complete f.** 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 (Month / Day / Year)	Enter an "X" in the Appropriate Box: The Child is Living with Me
a Name	❑ Natural ❑ Adopted ❑ Stepchild ❑ Grandchild ❑ Other		❑ Yes ❑ No
b Name	❑ Natural ❑ Adopted ❑ Stepchild ❑ Grandchild ❑ Other		❑ Yes ❑ No
c Name	❑ Natural ❑ Adopted ❑ Stepchild ❑ Grandchild ❑ Other		❑ Yes ❑ No
d Name	❑ Natural ❑ Adopted ❑ Stepchild ❑ Grandchild ❑ Other		❑ Yes ❑ No
e Name	❑ Natural ❑ Adopted ❑ Stepchild ❑ Grandchild ❑ Other		❑ Yes ❑ No
f Within the past 12 months, a child named in **a** through **e** above has been imprisoned, or given a sentence of confinement due to a conviction for a criminal offense. If the answer is "Yes," a full explanation, including the name of the child, must be provided in Section 10.			❑ Yes ❑ No

If **every** child in Item 41 is living with you, **go to Item 43.**

Children Not Living With Applicant

42 Print the requested information for **every** child in Item 41 who is not living with you. Print the youngest child in **42a.** If you need more space use Section 10.

First Name of Child	Child's Address	Person with Whom Child now Lives	
		Name	Relationship to Child
a			
b			

Legal Guardian

43 Enter an "X" in the appropriate box:
A court has appointed a legal guardian for a child in Item 41. →

❑ Yes → **Go to Item 44**
❑ No → **Go to Item 45**

Legal Guardian Con't

44 Print the requested information for **every** child in Item 41 who has a court-appointed legal guardian. Print the youngest child in **44a,** etc.

First Name of Child	Name and Address of Guardian
a	
b	

Married Children

45 Enter an "X" in the appropriate box:
One or more of the children in Item 41 is or has been married. →

❑ Yes → **Go to Item 46**
❑ No → **Go to Item 47**

46 Print the requested information for **every** child in Item 41 who has ever been married. Print the youngest child in **46a,** etc.

Child's Married Name	Date Married			Enter an "X" in the Appropriate Box: The Child Is Still Married	Date Marriage Ended if Child Is Not Still Married		
	Month	Day	Year		Month	Day	Year
a				❑ Yes ❑ No			
b				❑ Yes ❑ No			

Grand-Children, Other Children

If "Natural" or "Adopted" was checked for **every** child in Item 41, **go to Item 49.**

47 Enter an "X" in the appropriate box:
Every "Grandchild" or "Other Child" in Item 41 was living with the employee at the time the employee died. →

❑ Yes → **Go to Item 49**
❑ No → **Go to Item 48**

48 Print the requested information for **every** "Grandchild" or "Other Child" in Item 41 who was not living with the employee at the time the employee died. Print the youngest child in **48a,** etc. If you need more space use Section 10.

First Name of Child	Person with Whom Child Lived at the Time the Employee Died		
	Name	Address	Relationship to Child
a			
b			

Children For Whom You Are Not Filing

49 Enter an "X" in the appropriate box:
There is a child for whom I am not filing this application who may be entitled to a child's annuity. →

❑ Yes → **Go to Item 50**
❑ No → **Go to Item 51**

50 Print the requested information for **every** child for whom you are not filing an application who may be entitled to a child's annuity. Print the youngest child in **50a,** the next youngest in **50b,** and so on.

Child's Full Name	Reason for Not Filing
a	
b	
c	

Section 6 Information About Applicant's Other Government Benefits

Public Service Pension

51 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 an 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.)

❑ Yes → **Go to Item 52**
❑ No → **Go to Item 54**

52 Enter an "X" in the appropriate box:
I am/was an employee of the Federal Government. →

❑ Yes → **Go to Note and Item 54**
❑ No → **Go to Item 53**

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

53 Enter an "X" in the appropriate box:
On my last day 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. →

❑ Yes → **Go to Item 54**
❑ No → **Go to Note and Item 54**

Note: *If answered "No," complete and return to the RRB,* ***Form G-208, Public Service Pension Questionnaire,*** *and verification of your pension.*

Social Security Benefits-Filed For

54 Enter an "X" in the appropriate box:
An application has been filed for monthly social security benefits for me or a child. →

❑ Yes → **Go to Item 55**
❑ No → **Go to Item 56**

55 Enter the requested information for **every** family member for whom an application has been filed for monthly social security benefits. Use as many lines as are needed beginning with **55a.**

Family Member	Person Whose Record Was Filed On	Social Security Number Filed On
a		
b		
c		

Social Security Benefits-Future Filing

56 Enter an "X" in the appropriate box:
An application will be filed in the future for monthly social security benefits for me or a child. →

❑ Yes → **Go to Item 57**
❑ No → **Go to Item 59**

57 Enter the name of the person on whose record you are filing. →

58 Enter that person's social security number. →

Railroad Retirement Benefits

59 Enter an "X" in the appropriate box:
An application has been or will be filed within 90 days for monthly railroad retirement benefits for me or a child based on the record of someone other than the employee. →

❑ Yes → **Go to Item 60**
❑ No → **Go to Section 7**

60 Enter an "X" in the appropriate box:
The application has been or will be filed based on the record of someone other than myself. →

❑ Yes → **Go to Item 61**
❑ No → **Go to Section 7**

61 Enter the name of the person on whose record the application has been or will be filed. →

62 Enter that person's Railroad Retirement Board claim number, including the letter prefix. →

Prefix		**If only six numbers, enter here**

Section 7 Information About Work And Earnings

Please read the section *"How Earnings Affect An Annuity"* in Part V of the RB-17 booklet to find out how work and earnings can affect your railroad retirement annuity or a child's annuity. Also, please refer to **Form G-77, How Earnings Affect Payment of Survivor Annuities,** for the exempt amounts to use when answering Items 63 through 68. When answering Items 63 through 70, consider only yourself and the children listed in Item 41.

Earnings Last Year

_____
(Year)

Answer Items 63 and 64 only if the employee died before January 1 of this year.

63 Enter an "X" in the appropriate box:
My total earnings, or the total earnings of a child, for **all** employment last year were more than the annual earnings exempt amount shown on Form G-77. →

❑ Yes → **Go to Item 64**
❑ No → **Go to Item 65**

64 Print the requested information for **every** family member whose total earnings for last year were more than the annual earnings exempt amount shown on Form G-77. Use as many lines as needed beginning with **64a**.

a 1 Family Member

2 Total Earnings for Last Year (Show Dollars Only)
$

3 Enter an "X" in the appropriate box:
The family member earned more than the monthly earnings exempt amount in employment for hire or performed substantial services in self-employment in every month last year. →

❑ Yes
❑ No

4 Enter an "X" next to **each** month last year in which the family member did not earn more than the monthly earnings exempt amount or perform substantial services in self-employment.

❑ JAN ❑ FEB ❑ MAR ❑ APR ❑ MAY ❑ JUN
❑ JUL ❑ AUG ❑ SEP ❑ OCT ❑ NOV ❑ DEC

b 1 Family Member

2 Total Earnings for Last Year (Show Dollars Only)
$

3 Enter an "X" in the appropriate box:
The family member earned more than the monthly earnings exempt amount in employment for hire or performed substantial services in self-employment in every month last year. →

❑ Yes
❑ No

4 Enter an "X" next to **each** month last year in which the family member did not earn more than the monthly earnings exempt amount or perform substantial services in self-employment.

❑ JAN ❑ FEB ❑ MAR ❑ APR ❑ MAY ❑ JUN
❑ JUL ❑ AUG ❑ SEP ❑ OCT ❑ NOV ❑ DEC

Earnings Last Year Con't

_____ (Year)

c 1 Family Member

2 Total Earnings for Last Year (Show Dollars Only)

$

3 Enter an "X" in the appropriate box:
The family member earned more than the monthly earnings exempt amount in employment for hire or performed substantial services in self-employment in every month last year. →

❑ Yes
❑ No

4 Enter an "X" next to **each** month last year in which the family member did not earn more than the monthly earnings exempt amount or perform substantial services in self-employment.

☐ JAN	☐ FEB	☐ MAR	☐ APR	☐ MAY	☐ JUN
☐ JUL	☐ AUG	☐ SEP	☐ OCT	☐ NOV	☐ DEC

Earnings This Year

_____ (Year)

65 Enter an "X" in the appropriate box:
I expect my total earnings, or the total earnings of a child for **all** employment this year to be more than the annual earnings exempt amount. →

❑ Yes → **Go to Item 66**
❑ No → **Go to Item 67**

66 Enter the requested information for **every** family member whose total earnings for this year are expected to be more than the annual earnings exempt amount. Use as many lines as needed beginning with **66a**.

a 1 Family Member

2 Total Expected Earnings for This Year (Show Dollars Only)

$

3 Enter an "X" in the appropriate box:
The family member expects 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. →

❑ Yes
❑ No

4 Enter an "X" next to **each** month this year in which the family member did not, or does not expect to, earn more than the monthly earnings exempt amount or perform substantial services in self-employment.

☐ JAN	☐ FEB	☐ MAR	☐ APR	☐ MAY	☐ JUN
☐ JUL	☐ AUG	☐ SEP	☐ OCT	☐ NOV	☐ DEC

b 1 Family Member

2 Total Earnings for This Year (Show Dollars Only)

$

3 Enter an "X" in the appropriate box:
The family member expects 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. →

❑ Yes
❑ No

4 Enter an "X" next to **each** month this year in which the family member did not, or does not expect to, earn more than the monthly earnings exempt amount or perform substantial services in self-employment.

☐ JAN	☐ FEB	☐ MAR	☐ APR	☐ MAY	☐ JUN
☐ JUL	☐ AUG	☐ SEP	☐ OCT	☐ NOV	☐ DEC

c 1 Family Member

2 Total Earnings for This Year (Show Dollars Only)

$

3 Enter an "X" in the appropriate box:
The family member expects 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. →

❑ Yes
❑ No

4 Enter an "X" next to **each** month this year in which the family member did not, or does not expect to, earn more than the monthly earnings exempt amount or perform substantial services in self-employment.

☐ JAN	☐ FEB	☐ MAR	☐ APR	☐ MAY	☐ JUN
☐ JUL	☐ AUG	☐ SEP	☐ OCT	☐ NOV	☐ DEC

Note: If there are two or more children qualified to receive benefits and you are earning more than the annual earnings exempt amount, please contact the RRB field office. Someone will be able to help you decide whether it is better for you to file for yourself and the children, or whether you would actually be better off to file for the children alone.

Earnings Next Year

_____ (Year)

67 Enter an "X" in the appropriate box:
I expect my total earnings, or the total earnings of a child, from **all** employment next year to be more than the annual earnings exempt amount. →

❑ Yes → **Go to Item 68**
❑ No → **Go to Item 69**

68 Enter the requested information for **every** family member whose total earnings for next year are expected to be more than the annual earnings exempt amount. Use as many blanks as are needed beginning with **68a**.

Family Member	Expected Earnings for Next Year (Show Dollars Only)	Family Member	Expected Earnings for Next Year (Show Dollars Only)	Family Member	Expected Earnings for Next Year (Show Dollars Only)
a	$	b	$	c	$

Railroad Work

69 Enter an "X" in the appropriate box:
I have worked, or a child has worked, for a railroad or other employer in the railroad industry. →

❑ Yes → **Go to Item 70**
❑ No → **Go to Section 8**

70 Enter the requested information for **every** family member who has worked for a railroad or other employer in the railroad industry. Use as many lines as needed beginning with **70a.**

a 1 Family Member | 2 Railroad Employer | 3 Date Last Worked (Month / Day / Year)

4 Enter an "X" next to **each** month in this year during which the family member worked for an employer in the railroad industry. →

❑ JAN ❑ FEB ❑ MAR ❑ APR ❑ MAY ❑ JUN
❑ JUL ❑ AUG ❑ SEP ❑ OCT ❑ NOV ❑ DEC

5 If you expect the annuity to begin before January 1 of this year, enter an "X" next to **each** month of last year during which the family member worked for an employer in the railroad industry. →

❑ JAN ❑ FEB ❑ MAR ❑ APR ❑ MAY ❑ JUN
❑ JUL ❑ AUG ❑ SEP ❑ OCT ❑ NOV ❑ DEC

b 1 Family Member | 2 Railroad Employer | 3 Date Last Worked (Month / Day / Year)

4 Enter an "X" next to **each** month in this year during which the family member worked for an employer in the railroad industry. →

❑ JAN ❑ FEB ❑ MAR ❑ APR ❑ MAY ❑ JUN
❑ JUL ❑ AUG ❑ SEP ❑ OCT ❑ NOV ❑ DEC

5 If you expect the annuity to begin before January 1 of this year, enter an "X" next to **each** month of last year during which the family member worked for an employer in the railroad industry. →

❑ JAN ❑ FEB ❑ MAR ❑ APR ❑ MAY ❑ JUN
❑ JUL ❑ AUG ❑ SEP ❑ OCT ❑ NOV ❑ DEC

c 1 Family Member | 2 Railroad Employer | 3 Date Last Worked (Month / Day / Year)

4 Enter an "X" next to **each** month in this year during which the family member worked for an employer in the railroad industry. →

❑ JAN ❑ FEB ❑ MAR ❑ APR ❑ MAY ❑ JUN
❑ JUL ❑ AUG ❑ SEP ❑ OCT ❑ NOV ❑ DEC

5 If you expect the annuity to begin before January 1 of this year, enter an "X" next to **each** month of last year during which the family member worked for an employer in the railroad industry. →

❑ JAN ❑ FEB ❑ MAR ❑ APR ❑ MAY ❑ JUN
❑ JUL ❑ AUG ❑ SEP ❑ OCT ❑ NOV ❑ DEC

Section 8 Filing Date

Filing Protection

Answer **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.

71 Enter an "X" in the appropriate box:
I also want this application used to protect my filing date for social security benefits. →

❑ Yes
❑ No

Section 9 Receiving Your Payments

All applicants filing for RRB benefits must choose to receive their annuity payments either:

- By **Direct Deposit** to a bank, savings and loan, credit union or other financial institution; or
- Into a **Direct Express® Debit MasterCard®** account.

Please read Part VII of the ***RB-17*** booklet for an explanation of Direct Deposit and the Direct Express® Debit MasterCard®.

Payment Options

72 Enter an "X" in the appropriate box to indicate how you want to receive your payments. →

❑ Direct Deposit - **Go to Item 73**
❑ Direct Express® Debit MasterCard® **Go to Section 10**
❑ Neither Direct Deposit nor Direct Express® Debit MasterCard® - **Go to Section 10**

Direct Deposit

To provide the information we need to correctly deposit your payments by Direct Deposit, either attach a voided personal check and **go to Section 10**, or call your financial institution for the information you need to complete Items 73 through 77 below.

73 Enter the name of your financial institution. →

74 Enter the telephone number of your financial institution. → AREA CODE | TELEPHONE NUMBER

75 Enter the routing transit number of your financial institution. →

76 Enter your account number. →

77 Enter an "X" in the appropriate box:
Type of account for the above account number. →

❑ Checking
❑ Savings
Go to Section 10

Section 10 Remarks

Remarks

78 This section is to be used for the continuation of answers to other items. Be sure to include the item number at the beginning of the answer you wish to continue. You may also use this section to enter any additional information that you feel may be important to include.

Section 11 Certification

Certification

79 Enter an "X" in the appropriate box:
I will have a guardian or other representative sign this application on my behalf. →

❑ Yes → **Go to Note and Item 80**
❑ No → **Go to Item 80**

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.***

80 I certify that the information I gave the Railroad Retirement Board (RRB) on this application is true to the best of my knowledge. I know that if I make a false or fraudulent statement or withhold information in order to receive benefits from the RRB, I am committing a crime under Federal law which may be punishable by fines, imprisonment, or both. I have received and reviewed the booklets, **RB-17,** ***Survivor Annuities*** and **RB-9s,** ***Events That Affect A Survivor Annuity***. I understand that I am responsible for reporting events that would affect my annuity as explained in the booklets.

I agree to immediately notify the RRB:

- If I marry;
- If I begin to receive a pension from an agency of the Federal, state, or local government, or if my present payments change;
- If an application is filed for social security benefits for me or any child based on **any** person's earnings record;
- If I or any child go to work for a railroad, railroad labor organization or work in any capacity in the railroad industry;
- If I or any child will earn more than the annual earnings exempt amount, and it was not reported on the application;
- If I reported expected earnings for myself or any child and that earnings estimate changes;
- If my address changes;
- If my financial organization or the account number at my financial organization changes;
- If any child for whom I am receiving benefits dies, marries, or leaves my care;
- If I am, or any child is, confined in a jail, prison, penal institution, or correctional institution due to a conviction for a criminal offense.

Signature →

(First Name, Middle Initial, Last Name)

Date →

Month		Day		Year			

81 If this certification is signed by mark ("X") in Item 80, two witnesses who know the person signing must sign below, giving their full addresses and daytime telephone numbers.

a. Signature of Witness

Address (Number and Street)

City, State, ZIP Code

Daytime Telephone Number (include area code) →

Area Code			Telephone Number						

b. Signature of Witness

Address (Number and Street)

City, State, ZIP Code

Daytime Telephone Number (include area code) →

Area Code			Telephone Number						

Section 12 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.*