

More Information Needed for the Person Named Below

•

We do not have the correct **taxpayer identification number** for the person named below. We are required to report to the Internal Revenue Service the amount we have paid each person using the Social Security Number. If we are unable to provide the correct number in our reports, the Internal Revenue Service may assess a penalty charge against that person. The Social Security Number is generally the primary identifier used by organizations that request us to provide a service to our beneficiaries, such as withholding state income tax, union dues, or Medicare premiums. If the Social Security Number is missing or incorrect in our files, we may be unable to provide the service because we cannot identify the individual as our beneficiary.

If you know the Social Security Number - Please provide the information in the boxes below. We are asking for the number of the person we have named. If you are receiving payment as the representative of the person named below, you should enter that person's number and sign your name.

If you do not know the Social Security Number or if you must obtain a number - You should contact the nearest district office of the Social Security Administration to ask for a Social Security Number or for proof that a number has been assigned. Nonresident aliens do not need a Social Security Number and do not have to return this form to us.

Use the enclosed envelope to return the completed form or mail it to the address above.

Even though the Social Security Number is an item which allows us to be certain we can identify you, the retirement claim number shown below is the primary identifier we use within the retirement system. Please include this claim number when you write to us about the benefits you are receiving.

Retirement Operations

| | | | |
|--|---|------------------------|------------------------------|
| Retirement claim number CS | We request the personal Social Security Number of | Social Security Number | |
| Print the name of the person indicated above, as it appears on the social security card. | The person indicated in the above box, or the representative, must sign here. | | Today's date (mm/dd/yyyy) |

**See the other side of this notice for
 the Public Burden and Privacy Act Statements.**

Public Burden Statement

We estimate this form takes an average of 5 minutes per response to complete, including the time for reviewing instructions, getting the needed data, and reviewing the completed form. Send comments regarding our estimate or any other aspect of this form, including suggestions for reducing completion time, to the U.S. Office of Personnel Management (OPM), Retirement Services Publications Team (3206-0144), Washington, D.C. 20415-0001. The OMB Number 3206-0144 is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

Privacy Act Statement

Solicitation of this information is authorized by law (chapters 83 and 84, title 5, U.S. Code). The information you furnish will be used to identify records properly associated with your correspondence, to obtain additional information if necessary, and to maintain a unique identifiable file. The information may be shared and is subject to verification, via paper, electronic media, or through the use of computer matching programs, with national, state, local or other charitable or social security administrative agencies in order to determine benefits under their programs, to obtain information necessary for determination or continuation of benefits under this program, or to report income for tax purposes. It may also be shared and verified, as noted above, with law enforcement agencies when they are investigating a violation or potential violation of civil or criminal law. Executive Order 9397 (November 22, 1943) authorizes the use of the Social Security Number. Failure to furnish the requested information will delay or make it impossible for us to report correctly to the Internal Revenue Service.