

# Representative Payee Survey

Show any address change next to your address below.

U.S. Office of Personnel Management Retirement Surveys & Students Branch 1900 E Street, NW - Room 2416 Washington, DC 20415-3563	
Date	Claim number
Survey period	Case name
	Beneficiary's name

The purpose of this questionnaire is to ensure that Federal retirement benefit payments are being used in the best interests of the beneficiary named above. The Office of Personnel Management (OPM) has approved you as payee because it has determined that the beneficiary is not capable of handling his or her own affairs. If you are completing this form on behalf of an organization, please provide your organization's Tax Payer Identification number in the designated area. We thank you for accepting this responsibility. Please read the instructions below before completing this form and return the completed form in the enclosed envelope or in your own envelope to the address shown above. **Please return the completed form within 30 days after the date of this survey or we will have to stop paying these benefits.** We appreciate your cooperation.

## Retirement Surveys and Students Branch

### Instructions For Completing the Survey Form

We have provided information for each question. Please read this information before you respond. If you need another form or have questions, please call (202) 606-0249. Individuals calling from outside the Washington DC area can call our Retirement Information Office toll free at 1-888-767-6738. You can also write OPM at the address shown above.

1. If you answer **No**, you must return all payments received after the death of the beneficiary to the U.S. Department of the Treasury.
2. If you answer **Yes**, please complete the entire survey.
3. If the beneficiary does not live with you, we need to know where and with whom he or she is living.
4. If you are not receiving payment on behalf of a child, answer **"Not Applicable."** For the purpose of this survey, a child is:
  - an unmarried minor (under age 18) child,
  - an unmarried disabled child, **even if he or she is over age 18**.
5. Earnings may be considered in determining whether the beneficiary is capable of self-support. Do not include Social Security benefits, Federal retirement or survivor benefits. Report only earned income that is supported by a W-2 for the beneficiary.
6. Answer **Yes** if you gave any of the annuity:
  - to another person or to an institution to decide how to use the money, or
  - to the beneficiary to decide how to use the money.
7. and 8. are self-explanatory.
9. An organization will not have to sign the form in the presence of a notary. If you are not completing this form as a representative of an organization, you must sign this form in the presence of a Notary.

1. Is the beneficiary named on the front side of this form still living?	Date of Death (mm/dd/yyyy)
<input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please indicate the date of death.) <span style="float:right;">→</span>	
2. Are you currently the representative payee for the above named annuitant?	
<input type="checkbox"/> Yes <input type="checkbox"/> No (Please provide a name and address of the person responsible in the Remarks Section below.)	
3. Where does the beneficiary live?	
<input type="checkbox"/> With you. <input type="checkbox"/> In his or her own home. <input type="checkbox"/> Elsewhere (In the Remarks Section, please provide the name and address of the person or facility caring for the beneficiary.)	
4. If you are receiving payment on behalf of a child, including adult disabled dependents, has the child married?	
<input type="checkbox"/> Yes (Please attach a copy of the marriage certificate.) <input type="checkbox"/> No <input type="checkbox"/> Not applicable	
5a. Has the beneficiary earned money during the survey period?	5b. Amount Earned, if yes to Question 5a.
<input type="checkbox"/> No <input type="checkbox"/> Yes (Please enter earnings in 5b. Do not include Social Security benefits.)	\$
6. Did you turn over any of the annuity benefits to another person during the survey period?	
<input type="checkbox"/> No <input type="checkbox"/> Yes (Please explain in the Remarks Section.)	
7. Did you place any of the money in savings for the future needs of the beneficiary?	
<input type="checkbox"/> No (Please explain in the Remarks Section.) <input type="checkbox"/> Yes (Please list the name and address of the financial institution in the Remarks Section.)	
8. Did you spend all of the money on the beneficiary?	9. Beneficiary's Social Security Number
<input type="checkbox"/> Yes <input type="checkbox"/> No (Please explain in the Remarks Section.)	

**Remarks Section (Please use a separate sheet of paper if additional space is required.)**

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**Warning:** Any intentionally false statement in this response or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001)

Signature of representative payee	Daytime phone number (including area code)	Date (mm/dd/yyyy)
Email address	Organization Taxpayer Identification Number	

**Notary Section:** Signed to and sworn to (or affirmed) be me on

Date (mm/dd/yyyy)	Location	Seal or stamp
Printed name	Signature	Commission expiration date (mm/dd/yyyy)

**Privacy Act Statement**

Pursuant to 5 U.S.C. § 552a(e)(3), this Privacy Act Statement serves to inform you of why OPM is requesting the information on this form. **AUTHORITY:** OPM is authorized to collect the information requested on RI 38-115, pursuant to Title 5 U.S. CFR, Parts 8347(a) and 8461(g), which discuss the law and regulations relating to the payment of retirement benefits. OPM is authorized to collect your Social Security number by Executive Order 9397 (November 22, 1943), as amended by Executive Order 13478 (November 18, 2008). **Purpose:** This form is used to collect information about how the monies OPM has paid to a representative payee have been used or conserved for the benefit of the incompetent annuitant. **Routine Uses:** The information requested on this form may be shared as a "routine use" to other Federal agencies and third-parties when it is necessary to process your application. For example, OPM may share your information with other Federal, state, or local agencies and organizations in order to determine benefits under their programs, to obtain information necessary for a determination of your disability retirement benefits, or to report income for tax purposes. OPM may also share your information with law enforcement agencies if it becomes aware of a violation or potential violation of civil or criminal law. A complete list of the routine uses can be found in the OPM/CENTRAL 1 Civil Service Retirement and Insurance Records system of records notice, available at [www.opm.gov/privacy](http://www.opm.gov/privacy). **Consequences of Failure to Provide Information:** Failure to provide this information would hamper OPM's efforts to oversee the payment of annuities to persons who are charged with using the money for the benefit of someone else.

**Public Burden Statement**

We estimate completing this form takes approximately 20 minutes. 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, Retirement Services Publications Team (3206-0208), Washington, DC 20415-0001. The OMB number, 3206-0208, is currently valid. OPM may not collect this information, and you are not required to respond, unless the number is displayed.