# **Example Screens**

SSA Request: The screens an SSA employee sees when creating a new AFI request using the e4641 system.

1.1

# **SSA** 4641

Social Security Administration E4641

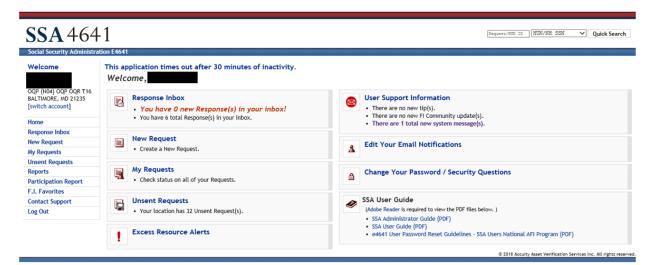
# Social Security Administration - Form 4641

This is a U.S. Government computer system subject to Federal law. The Social Security Administration is an agency of the U.S. Federal Government. There is no expectation of user privacy in this system including, but not limited to, electronic mail messages.

Unauthorized attempts to access, upload, or otherwise alter data, programming language, or any other part of SSA's systems are strictly prohibited and are subject to disciplinary and/or civil action or criminal prosecution. Anyone using this system expressly consents to monitoring and is advised that if such monitoring reveals possible evidence of criminal activity, SSA may provide the evidence of such monitoring to law enforcement officials. This system is only to be used for processing Title 16 (SSI) and Title 2 (Waiver) workloads.



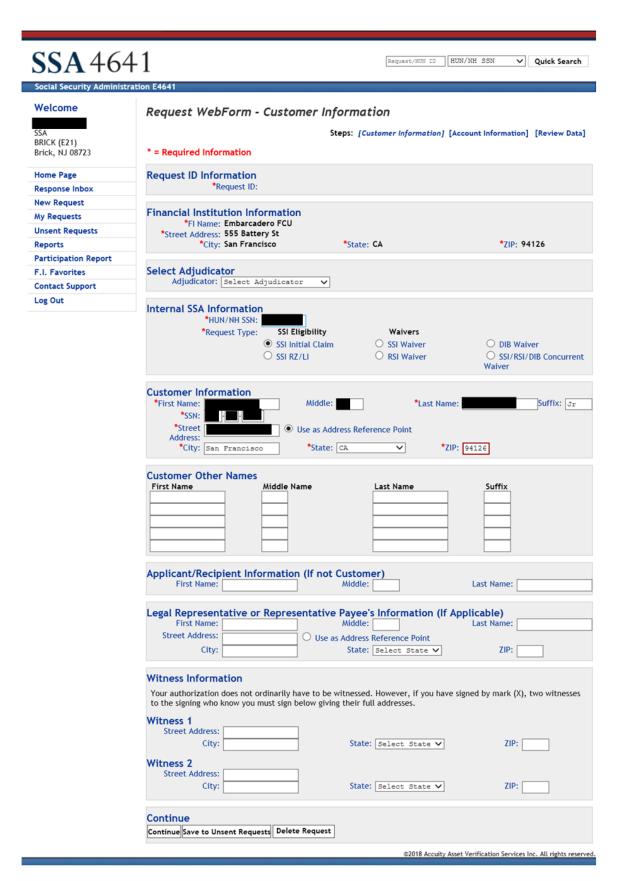
1.2



Request/HUN ID	HUN/NH SSN	~	Quick Search
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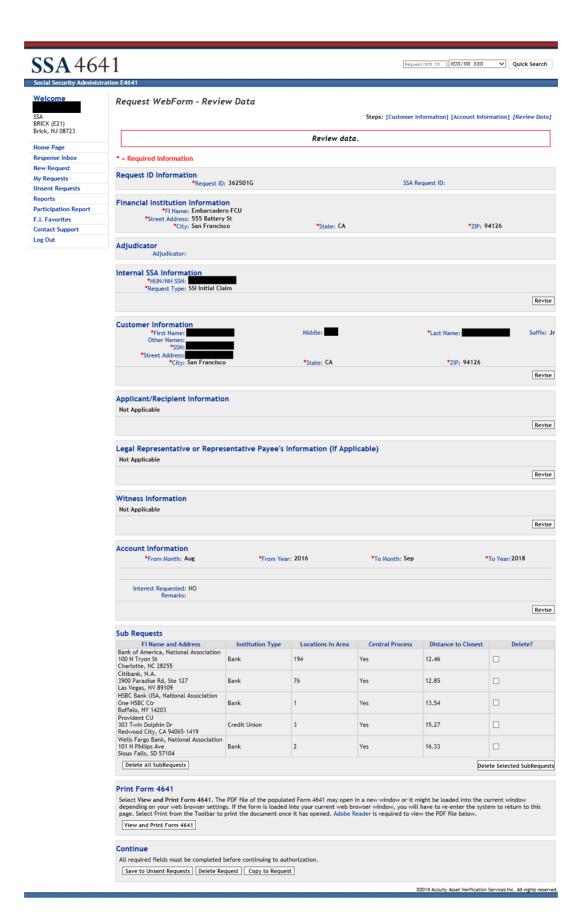
### Welcome Request WebForm - Customer Information SSA Steps: [Customer Information] [Account Information] [Review Data] BRICK (E21) \* = Required Information Brick, NJ 08723 Home Page Request ID Information \*Request ID: Response Inbox **New Request** Financial Institution Information My Requests \*FI Name: Embarcadero FCU **Unsent Requests** \*Street Address: 555 Battery St Reports \*City: San Francisco \*State: CA \*ZIP: 94126 Participation Report Select Adjudicator F.I. Favorites Adjudicator: Select Adjudicator Contact Support Log Out Internal SSA Information \*HUN/NH SSN: SSI Eligibility Waivers \*Request Type: O SSI Initial Claim O SSI Waiver O DIB Waiver O SSI RZ/LI O SSI/RSI/DIB Concurrent O RSI Waiver Waiver **Customer Information** \*First Name: Middle: \*Last Name: Suffix: \*SSN: \*Street Use as Address Reference Point Address: \*City: \*State: Select State V \*ZIP: **Customer Other Names** Last Name Middle Name Suffix First Name Applicant/Recipient Information (If not Customer) Last Name: Legal Representative or Representative Payee's Information (If Applicable) First Name: Middle: Last Name: Street Address: O Use as Address Reference Point City: State: Select State V ZIP: Witness Information Your authorization does not ordinarily have to be witnessed. However, if you have signed by mark (X), two witnesses to the signing who know you must sign below giving their full addresses. Witness 1 Street Address: City: State: Select State V ZIP: Witness 2 Street Address: State: Select State V ZIP: City:

Continue Save to Unsent Requests Delete Request



# 00 1 1 ( 1 1

Social Security Administ Welcome				
Wetcome	Request WebFo	rm - Account Informatio	on	
SSA BRICK (E21) Brick, NJ 08723	* = Required Informat	30 S 4 S 5 S 5 S 5 S 5 S 5 S 5 S 5 S 5 S 5	ustomer Information] [Accou	unt Information] [Review Data
Home Page	Request ID Informa			
Response Inbox	*Reque	est ID: 362501		
New Request				
My Requests	Account Information			
Unsent Requests	*From Month: August	*From Year: 2016	*To Month: Septemi	oer ✓ *To Year: 201
Reports				Add Additional Date Range
Participation Report				
F.I. Favorites	Account Numbers			
Contact Support	Account 1:		Joint Account	SSI Direct Deposit
Log Out	Account 2:		Joint Account	SSI Direct Deposit
	Account 3:		Joint Account	SSI Direct Deposit
	Account 4:		Joint Account	SSI Direct Deposit
				Add Additional Accoun
	Remarks:	Request Interest Information	ĵ	
	C			
	Continue Create Geo SubRequests	Continue Save to Unsent Requests		



Welcome

BRICK (E21) Brick, NJ 08723

Home Page Response Inbox

**New Request** 

My Requests

Unsent Requests Reports

Contact Support Log Out

Participation Report F.I. Favorites



SSA 464			Request/NUN ID HUN/NH SS	SN ✓ Quick Search
Social Security Administrat Welcome	Request WebForm - Review Data		nformation] [Account Information] [R	eview Data) [Authorization
BRICK (E21) Brick, NJ 08723			, , , , , , , , , , , , , , , , , , , ,	
Home Page		Review data.		
Response Inbox	* = Required Information			
New Request				
My Requests	Request ID Information *Request ID: 362501		SSA Request ID:	
Unsent Requests				
Reports	Financial Institution Information			
Participation Report F.I. Favorites	*FI Name: Embarcadero FCU *Street Address: 555 Battery St			
Contact Support	*City: San Francisco	*State: CA	*ZIF	94126
Log Out				
	Adjudicator Adjudicator:			
	Internal SSA Information  *HUN/NH SSN:  *Request Type: SSI Initial Claim			
				Revise
	Customer Information  *First Name: Other Names:  *SSN:  *Street Address:	Middle:	*Last Name:	Suffix: .
	*City: San Francisco	*State: CA	*ZIP: 94126	ó
				Revise
	Applicant/Recipient Information Not Applicable			Revise
	Legal Representative or Representative Not Applicable	e Payee's Information (If Applicable	)	
				Revise
	Witness Information  Not Applicable			
				Revise
	Account Information *From Month: Aug	*From Year: 2016	To Month: Sep	*To Year: 2018
	Interest Requested: NO Remarks:			
				Revise
	Print Form 4641  Select View and Print Form 4641. The PDF file of depending on your web browser settings. If the for page. Select Print from the Toolbar to print the of View and Print Form 4641	orm is loaded into your current web browser w	vindow, you will have to re-enter the s	

All required fields must be completed before continuing to authorization.

Continue to Authorization Save to Unsent Requests Delete Request Copy to Request



# Social Security Administration E4641

# Welcome

SSA BRICK (E21) Brick, NJ 08723

Home Page

Response Inbox

**New Request** 

My Requests Unsent Requests

Reports

Participation Report

F.I. Favorites Contact Support

Log Out

# Request WebForm - Authorization

\* = Required Information

Request ID Information \*Request ID: 362501

### Authorization

- I have the right to revoke this authorization at any time before any records are disclosed;
   The Social Security Administration may request all records about me from any financial institution;

- Any information obtained will be kept confidential;
  I have the right to obtain a copy of the record which the financial institution keeps concerning the instances when it has disclosed records to a
- government authority unless the records were disclosed because of a court order; and

  This authorization is not required as a condition of doing business with any financial institution.

### Supplemental Security Income Eligibility

- · The Social Security Administration will request records to determine initial or continuing eligibility and the accuracy of the payment for Supplemental Security Income (SSI) benefits.
- security income (sai) benefits.

  If I am an applicant or recipient, failing to provide or revoking my authorization will result in a denial or suspension of SSI benefits.

  If I am a person whose income and resources the Social Security Administration considers as being available to an applicant or recipient, failing to provide or revoking my authorization may result in a denial of benefits for the applicant or a suspension of benefits for the recipient.

  This authorization is in effect until the earliest of: 1) a final adverse decision on my application for benefits, 2) the cessation of my eligibility for benefits,
- or 3) my revocation of this authorization in a written notification to the Social Security Administration.

I authorize any custodian of records at this financial institution to disclose to the Social Security Administration any records about my financial business or that of the person named above whom I legally represent or whose benefits I manage.

\*Date Signed: 21 September V 2018 Authorizing signature is on file. Customer Signed Permanent Authorization. Social Security Administration Representative I certify that the applicable provisions of the Right to Financial Privacy Act of 1978 (12 U.S.C. 3401-3422) have been complied with in this request. Pursuant to the Right to Financial Privacy Act of 1978, good faith reliance upon this certification relieves your institution and its employees and agents of any possible liability to the customer in connection with the disclosure of these financial records.

# SSA Representative's Information

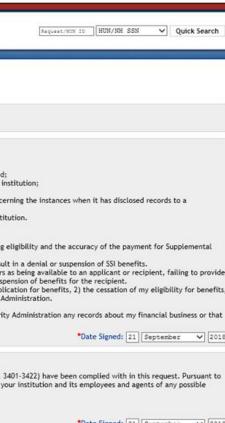
SSA Representative's authorizing signature is on file. Address 1: 2620 Yorktowne Boulevard City: Brick Phone:

Middle: State: NJ Last Name: ZIP: 08723

\*Date Signed: 21 | September V 2018

Continue

Send to FI Delete Request



### Welcome

SSA BRICK (E21) Brick, NJ 08723

### Home Page

Response Inbox

### **New Request** My Requests

**Unsent Requests** 

# Reports

Participation Report

# F.I. Favorites

Contact Support

Log Out

# Request WebForm - Authorization

\* - Required Information

## Request ID Information

\*Request ID: 362501

### Authorization

### I understand:

- I have the right to revoke this authorization at any time before any records are disclosed;
   The Social Security Administration may request all records about me from any financial institution;
- Any information obtained will be kept confidential;
  I have the right to obtain a copy of the record which the financial institution keeps concerning the instances when it has disclosed records to a
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## Supplemental Security Income Eligibility

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- Security Income (SSI) benefits.

  If I am an applicant or recipient, failing to provide or revoking my authorization will result in a denial or suspension of SSI benefits.
- If I am a person whose income and resources the Social Security Administration considers as being available to an applicant or recipient, failing to provide
  or revoking my authorization may result in a denial of benefits for the applicant or a suspension of benefits for the recipient.
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\*Authorizing signature is on file. Customer Signed Permanent Authorization.



# Social Security Administration Representative

I certify that the applicable provisions of the Right to Financial Privacy Act of 1978 (12 U.S.C. 3401-3422) have been complied with in this request. Pursuant to the Right to Financial Privacy Act of 1978, good faith reliance upon this certification relieves your institution and its employees and agents of any possible liability to the customer in connection with the disclosure of these financial records.

# SSA Representative's Information

SSA Representative's authorizing signature is on file.
First Name:
Address 1: 2620 Yorktowne Boulevard City: Brick Phone:

Middle: State: NJ \*Date Signed: 21 September ∨ 2018 Last Name: ZIP: 08723

# Continue

Send to FI Delete Request

Request/HUN ID HUN/NH SSN V Quick Search

View Case Management Page

### Welcome

BRICK (E21) Brick, NJ 08723

Home Page Response Inbox **New Request** 

My Requests **Unsent Requests** 

Reports Participation Report

F.I. Favorites Contact Support

Log Out

# Request WebForm

Request has been sent.

\* = Required Information

Request ID Information

Request ID: 362501 SSA Request ID: \*Date Submitted:

Financial Institution Information

\*FI Name: Embarcadero FCU \*Street Address: 555 Battery St \*City: San Francisco

\*State: CA \*ZIP: 94126

Adjudicator

Adjudicator:

Internal SSA Information
\*HUN/NH SSN:

\*Request Type: SSI Initial Claim

Customer Information

First Name: Other Names \*SSN: \*Street Address: \*City: San Francisco Middle:

\*Last Name:

Suffix: Jr

\*State: CA \*ZIP: 94126

Account Information

\*From Month: Aug From Year: 2016 \*To Month: Sep \*To Year: 2018

Interest Requested: NO SSA Remarks:

# Authorization

Lunderstand:

- · I have the right to revoke this authorization at any time before any records are disclosed;
- The Social Security Administration may request all records about me from any financial institution;
- The social security Administration may request air records about me from any financial institution;
   Any information obtained will be kept confidential;
   I have the right to obtain a copy of the record which the financial institution keeps concerning the instances when it has disclosed records to a government authority unless the records were disclosed because of a court order; and
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# Supplemental Security Income Eligibility

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  If I am an applicant or recipient, failing to provide or revoking my authorization will result in a denial or suspension of SSI benefits.

  If I am a person whose income and resources the Social Security Administration considers as being available to an applicant or recipient, failing to provide or revoking my authorization may result in a denial of benefits for the applicant or a suspension of benefits for the recipient.

  This authorization is in effect until the earliest of: 1) a final adverse decision on my application for benefits, 2) the cessation of my eligibility for benefits,

or 3) my revocation of this authorization in a written notification to the Social Security Administration.

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\*Authorizing signature is on file.

\*Date Signed: 21 Sep 2018

# Social Security Administration Representative

I certify that the applicable provisions of the Right to Financial Privacy Act of 1978 (12 U.S.C. 3401-3422) have been complied with in this request. Pursuant to the Right to Financial Privacy Act of 1978, good faith reliance upon this certification relieves your institution and its employees and agents of any possible liability to the customer in connection with the disclosure of these financial records.

# SSA Representative's Information

\*SSA Representative's authorizing signature is First Name: on file. Street Address: 2620 Yorktowne Boulevard City: Brick Phone:

State: NJ

\*Date Signed: 21 Sep 2018 Last Name: ZIP: 08723

# Print Form 4641

Select View and Print Form 4641. The PDF file of the populated Form 4641 may open in a new window or it might be loaded into the current window depending on your web browser settings. If the form is loaded into your current web browser window, you will have to re-enter the system to return to this page. Select Print from the Toolbar to print the document once it has opened. Adobe Reader is required to view the PDF file below.

View and Print Form 4641

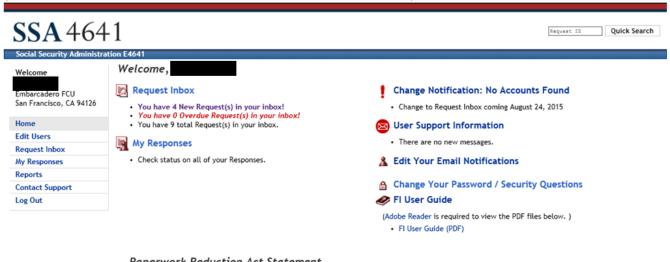
Copy to Request

**FI View:** The screens a financial institution (FI) employee sees when using the FI version of the e4641 system to respond to SSA's AFI request.

2.1

# SSA 4641 Social Security Administration - Form 4641 You are now logged out. To login, enter your User ID and Password below. This is a U.S. Government computer system subject to Federal law. The Social Security Administration is an agency of the U.S. Federal Government. There is no expectation of user privacy in this system including, but not limited to, electronic mail messages. Unauthorized attempts to access, upload, or otherwise alter data, programming language, or any other part of SSA's systems are strictly prohibited and are subject to disciplinary and/or civil action or criminal prosecution. Anyone using this system expressly consents to monitoring and is advised that if such monitoring reveals possible evidence of criminal activity, SSA may provide the evidence of such monitoring to law enforcement officials. This system is only to be used for processing Title 16 (SSI) and Title 2 (Waiver) workloads. Log In Information User ID: Password: Forgot Password? Submit Log In Information Login Reset ©2018 Accuity Asset Verification Services Inc. All rights reserved

2.2



# Paperwork Reduction Act Statement

This information collection meets the requirements of 44 U.S.C. \$3507, as amended by Section 2 of the <u>Paperwork Reduction Act of 1995</u>. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 6 minutes to read the instructions, gather the facts, and answer the questions. You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send <u>only</u> comments relating to our time estimate to this address, not the completed form.

Redwest ID	Ouick Search

# San Francisco, CA 94126 Home

Edit Users Request Inbox My Responses Reports Contact Support Log Out

# Request Inbox

- You have 4 New Request(s)!
  You have 0 Overdue Request(s)!
  You have 9 total Request(s).

Request ID	Request Date	SSA Office \$	Customer Name	Response Due	Status :	Assigned To	No Accounts Found
Request 361740	05/20/2015	NY ROQA		06/04/2015	Assigned		
Request 361760	06/01/2015	NY ROQA		06/16/2015	Assigned		
Request 362000	01/04/2016	NY ROQA		01/19/2016	New		
Request 362326G	09/22/2017	BRICK (E21)		10/07/2017	Assigned		
Request 362346G	09/25/2017	BRICK (E21)		10/10/2017	New		
Request 362358G	09/25/2017	BRICK (E21)		10/10/2017	Assigned		
Request 362380G	10/06/2017	BRICK (E21)		10/21/2017	Assigned		
Request 362500	09/21/2018	BRICK (E21)		10/06/2018	New		
Request 362501	09/21/2018	BRICK (E21)		10/06/2018	New		

Respond No Accounts Found

Respond No Accounts

\*\*\*By clicking this button you are certifying that no matching account records exist with your institution for the customers identified in the selected Requests.

	_
Request ID	Quick Search

✓ Assign Request

# mbarcadero FCU San Francisco, CA 94126

Edit Users

Reports

Log Out

Request Inbox My Responses

Contact Support

Response WebForm - Part I - Customer Detail

Status

Status: New on 09/21/2018

Request Assigned To

Request ID Information

Request ID: 362501

Date Submitted: 09/21/2018

SSA Representative

I certify that the applicable provisions of the Right to Financial Privacy Act of 1978 (12 U.S.C. 3401-3422) have been complied with in this request. Pursuant to the Right to Financial Privacy Act of 1978, good faith reliance upon this certification relieves your institution and its employees and agents of any possible liability to the customer in connection with the disclosure of these financial records. liability to the customer in co

Middle:

First Name:
Address: 2620 Yorktowne Boulevard
City: Brick

State: NJ

Last Name: ZIP: 08723

SSA Representative's Signature: Signature is on file.

# Request Data from Social Security Administration

s Social Security Number

San Francisco, CA 94126

Account Number(s) (Individual or Joint)

Please Provide Balances from: 8/2016 through 9/2018 Authorizing Signature Signature is on file. Customer Other Names: SSA Remarks:

Cus

Name and Address of Financial Institution

Embarcadero FCU 555 Battery St San Francisco, CA 94126 Interest Requested: NO

# Unable to Supply Requested Information

No Accounts Found: Only select this option if you have no record of the Customer Name or Customer SSN at your institution. Will Not Respond: Select this option if you were able to locate some record of the Customer Name or Customer SSN, but cannot respond for one of the reasons provided.

 No accounts found. O Will not respond. Select Reason

✓ If select the "Other explanation", please enter reason in text box.

(Maximum 1000 Characters)

# Request for Records

Send to SSA

This request is authorized by sections 204(b), 1631(b)(1)(B) and 1631(e)(1)(B) of the Social Security Act, as amended. While you are not required to respond, your cooperation will help us either to: (1) determine the eligibility of the applicant or recipient named above for Supplemental Security Income benefits; or (2) determine if a request to waive a Social Security overpayment should be granted. The customer's authorization for release of the information contained in your records appears on page one of this form.

# Instructions for Completion

- · Please provide information for the period 8/2016 through 9/2018 for the account number(s) listed and any others held (either individually or jointly) by the customer named.
- Please provide information on ALL accounts associated with the customer named, regardless if the account number is listed on this request
   Copies of account records may be submitted in lieu of entering data below.
- For all accounts, provide opening balances as of the first day of the month for each account, for each month listed in the period.
   We need account information even if the account has been closed or the account number has changed.

- If you need to add forms for additional accounts, select the "Add Additional Accounts" option and a new blank form will be provided
   If no accounts are located, please return to the Customer Detail page and select the "No Accounts Found" option and then "Send to SSA".
   For step-by-step instructions for completing this Request using the e4641 System, please refer to your SSA SSI Asset Verification System User Guide.

### Request ID Quick Search Response WebForm - Part I - Customer Detail mbarcadero FCII Status: New on 09/21/2018 San Francisco, CA 94126 Request Assigned To **Edit Users** First Name: Middle: Last Name: Phone: 000/000-0000 Request Inbox My Responses ✓ Assign Request Reports Contact Support Request ID Information Log Out Request ID: 362501 Date Submitted: 09/21/2018 **SSA Representative** I certify that the applicable provisions of the Right to Financial Privacy Act of 1978 (12 U.S.C. 3401-3422) have been complied with in this request. Pursuant to the Right to Financial Privacy Act of 1978, good faith reliance upon this certification relieves your institution and its employees and agents of any possible liability to the customer in connection with the disclosure of these financial records. First Name: Address: 2620 Yorktowne Boulevard Middle Last Name: City: Brick State: NJ ZIP: 08723 Phone: SSA Representative's Signature: Signature is on file. Request Data from Social Security Administration ial Security Number Customer's Name San Francisco, CA 94126 Account Number(s) (Individual or Joint) Name and Address of Financial Institution Embarcadero FCU Please Provide Balances from: 555 Battery St 8/2016 through 9/2018 San Francisco, CA 94126 Authorizing Signature Interest Requested: Signature is on file. Customer Other Names: NO SSA Remarks:

# Unable to Supply Requested Information

No Accounts Found: Only select this option if you have no record of the Customer Name or Customer SSN at your institution. Will Not Respond: Select this option if you were able to locate some record of the Customer Name or Customer SSN, but cannot respond for one of the reasons

No accounts found.  Will not respond. Select Reason	▼ If select the "Other explanation", please enter reason in text box.
ĵ	
Maximum 1000 Characters) Send to SSA	

This request is authorized by sections 204(b), 1631(b)(1)(B) and 1631(e)(1)(B) of the Social Security Act, as amended. While you are not required to respond, your cooperation will help us either to: (1) determine the eligibility of the applicant or recipient named above for Supplemental Security Income benefits; or (2) determine if a request to waive a Social Security overpayment should be granted. The customer's authorization for release of the information contained in your records appears on page one of this form.

# Instructions for Completion

- Please provide information for the period 4/2013 through 4/2013 for the account number(s) listed and any others held (either
- individually or jointly) by the customer named.

   Please provide information on ALL accounts associated with the customer named, regardless if the account number is listed on this request
- · Copies of account records may be submitted in lieu of entering data below.
- · For all accounts, provide opening balances as of the first day of the month for each account, for each month listed in the period.
- We need account information even if the account has been closed or the account number has changed.
  If you need to add forms for additional accounts, select the "Add Additional Accounts" option and a new blank form will be provided
  If no accounts are located, please return to the Customer Detail page and select the "No Accounts Found" option and then "Send to
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- · For step-by-step instructions for completing this Request using the e4641 System, please refer to your SSA SSI Asset Verification System User Guide.

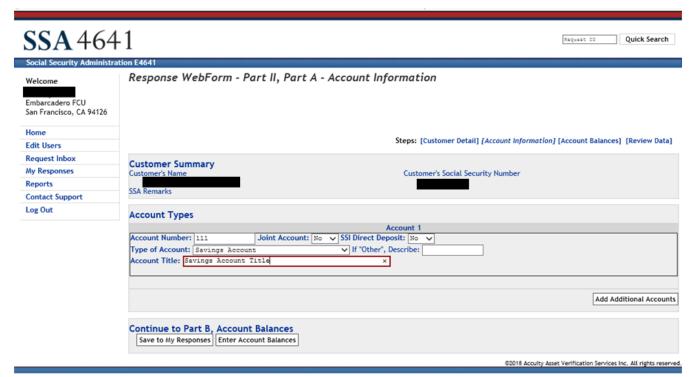
Save to My Responses	Enter Account Information

# **SSA** 4641 Request ID Quick Search Response WebForm - Part II, Part A - Account Information Welcome Steps: [Customer Detail] [Account Information] [Account Balances] [Review Data] Embarcadero FCU San Francisco, CA 94126 **Customer Summary** Customer's Social Security Number Edit Users Request Inbox My Responses **Account Types** Account 1 Reports Joint Account: № ✓ SSI Direct Deposit: № ✓ Contact Support Account Number: ✓ If "Other", Describe: Type of Account: Select Account Type Log Out Account Title: Add Additional Accounts Continue to Part B, Account Balances

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Save to My Responses | Enter Account Balances

# 2.7



Request ID	Quick Search

Social Security Administr		B. Assessmt Balances	
Welcome	Response WebForm - Part II, Part	B - Account Balances	
Embarcadero FCU		Steps: [Customer Detail] [A	account Information] [Account Balances] [Review Data]
San Francisco, CA 94126	Copies of account records may be submitted in lieu	of entering data below. e first day of the month for each account, for each m	onth licted in the period
Home	Tot att accounts, provide opening batances as of the	institution and month for each account, for each in	onar asce in the period.
Edit Users	Account Balances		
Request Inbox	Account balances		
My Responses		Account # 111 Savings Account	
Reports	Month/Year	Savings Account Title	Interest Daild (on on)
Contact Support		Balance (00.00)	Interest Paid (00.00)
Log Out	9/2018	4	Not Required
	8/2018	7	Not Required
	7/2018 6/2018	1	Not Required
			Not Required
	5/2018	7	Not Required
	4/2018		Not Required
	3/2018	1	Not Required
	2/2018	1	Not Required
	1/2018	1	Not Required
	12/2017	7	Not Required
	11/2017	3	Not Required
	10/2017	3	Not Required
	9/2017	3	Not Required
	8/2017	3	Not Required
	7/2017	3	Not Required
	6/2017	3	Not Required
	5/2017	3	Not Required
	4/2017	\$	Not Required
	3/2017	5	Not Required
	2/2017	5	Not Required
	1/2017	S	Not Required
	12/2016	S	Not Required
	11/2016	S	Not Required
	10/2016	S	Not Required
	9/2016	S	Not Required
	8/2016	S	Not Required

Attachments		
		Attach Account Records
Additional Information or Remarks		
Remarks:		
	^	
	~	
(1) 1 (000 (1) )		
(Maximum 1000 Characters)		
Continue		
Save to My Responses   Continue to Review Data		

Request ID Quick Search

Social Security Administration E4641

Welcome

Embarcadero FCU
San Francisco, CA 94126

Home

Edit Users
Request Inbox
My Responses
Reports
Contact Support

Log Out

Response WebForm - Part II, Part B - Account Balances

Steps: [Customer Detail] [Account Information] [Account Balances] [Review Data]

Copies of account records may be submitted in lieu of entering data below.

For all accounts, provide opening balances as of the first day of the month for each account, for each month listed in the period.

# Account Balances

Month/Year	Account # 111 Balance (00.00)	Interest Paid (00.00)
9/2018	\$ 123.45	Not Required
8/2018	\$ 678.90	Not Required
7/2018	\$ 12.34	Not Required
6/2018	\$ 56.78	Not Required
5/2018	\$ 90.12	Not Required
4/2018	\$ 345.67	Not Required
3/2018	\$ 890.12	Not Required
2/2018	\$ 34.56	Not Required
1/2018	\$ 78.90	Not Required
12/2017	\$ 987.65	Not Required
11/2017	\$ 432.10	Not Required
10/2017	\$ 98.76	Not Required
9/2017	\$ 54.32	Not Required
8/2017	\$ 10.98	Not Required
7/2017	S 1234.56	Not Required
6/2017	\$ 7890.12	Not Required
5/2017	\$3456.78	Not Required
4/2017	\$ 9012.34	Not Required
3/2017	S 56.78	Not Required
2/2017	\$ 90.12	Not Required
1/2017	\$34.56	Not Required
12/2016	\$ 78.90	Not Required
11/2016	\$ 123.45	Not Required
10/2016	\$ 678.90	Not Required
9/2016	\$ 111.11	Not Required
8/2016	\$ 222.22 ×	Not Required

Attachments		
		Attach Account Records
Additional Information	n or Remarks	
Remarks:	Maximum 1000 Characters)	
Continue Save to My Responses	ontinue to Review Data	

Additional Information or Remarks
Remarks:

Save to My Responses Send to Social Security Administration

Edit Attachments

Request ID Quick Search

# CU San Francisco, CA 94126

Edit Users Request Inbox My Responses Reports

Contact Support Log Out

# Response WebForm - Responded 09/21/2018

Return To Requests List

Status Status: Responded on 09/21/2018

Remove from My Responses

Select View and Print Form 4641. The PDF file of the populated Form 4641 may open in a new window or it might be loaded into the current window depending on your web browser settings. If the form is loaded into your current web browser window, you will have to re-enter the system to return to this page. Select Print from the Toolbar to print the document once it has opened. Adobe Reader is required to view the PDF file below.

View and Print Form 4641

Response Completed By
Name:
Phone: 000/000-000

Request ID Information from Social Security Administration Request ID: 362501

Date Submitted: 09/21/2018



### Request Data from Social Security Administration

Customer's Social Security Number Customer's Address

sco, CA 94126 Account Number(s) (Individual or Joint)

Please Provide Balances from 8/2016 through 9/2018 Authorizing Signature: Signature is on file. Customer Other Names: SSA Remarks:

Name and Address of Financial Institution Embarcadero FCU 555 Battery St San Francisco, CA 94126

This request is authorized by sections 204(b), 1631(b)(1)(B) and 1631(e)(1)(B) of the Social Security Act, as amended. While you are not required to respond, your cooperation will help us either to: (1) determine the eligibility of the applicant or recipient named above for Supplemental Security Income benefits; or (2) determine if a request to waive a Social Security overpayment should be granted. The customer's authorization for release of the information contained in your records appears on page one of this form.

- Please provide information for the period 8/2016 through 9/2018 for the account number(s) listed and any others held (either individually or jointly) by the customer named.

  Please provide information on ALL accounts associated with the customer named, regardless if the account number is listed on this request

  Copies of account records may be submitted in lieu of entering data below.

  For all accounts, provide opening balances as of the first day of the month for each account, for each month listed in the period.

  We need account information even if the account has been closed or the account number has changed.

  If you need to add forms for additional accounts, select the "Add Additional Accounts" option and a new blank form will be provided

  If no accounts relocated, please return to the Customer Petali page and select the "No Accounts Found" option and then "Send to SSA".

  For step-by-step instructions for completing this Request using the e4641 System, please refer to your SSA SSI Asset Verification System User Guide.

# Account Balances

Account Datances		
	Account # 111 - Savings Account Savings Account Title	
Month/Year	Balance	Interest Paid
9/2018	\$123.45	Not Required
8/2018	\$678.90	Not Required
7/2018	\$12.34	
6/2018	\$56.78	Not Required
		Not Required
5/2018	\$90.12	Not Required
4/2018	\$345.67	Not Required
3/2018	\$890.12	Not Required
2/2018	\$34.56	Not Required
1/2018	\$78.90	Not Required
12/2017	\$987.65	Not Required
11/2017	\$432.10	Not Required
10/2017	\$98.76	Not Required
9/2017	\$54.32	Not Required
8/2017	\$10.98	Not Required
7/2017	\$1234.56	Not Required
6/2017	\$7890.12	Not Required
5/2017	\$3456.78	Not Required
4/2017	\$9012.34	Not Required
3/2017	\$56.78	Not Required
2/2017	\$90.12	Not Required
1/2017	\$34.56	Not Required
12/2016	\$78.90	Not Required
11/2016	\$123,45	Not Required
10/2016	\$678.90	Not Required
9/2016	\$111.11	Not Required
8/2016	\$222.22	Not Required
0.2010	VELL.EL	not required

# Attachments

Additional Information or Remarks from the Financial Institution

SSA Response: The screens the SSA employee sees when viewing the FI's response in the e4641 system.

3.1

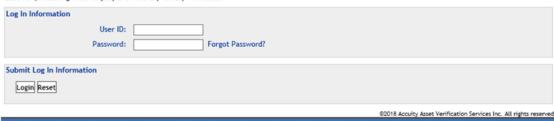
# **SSA** 4641

Social Security Administration F464

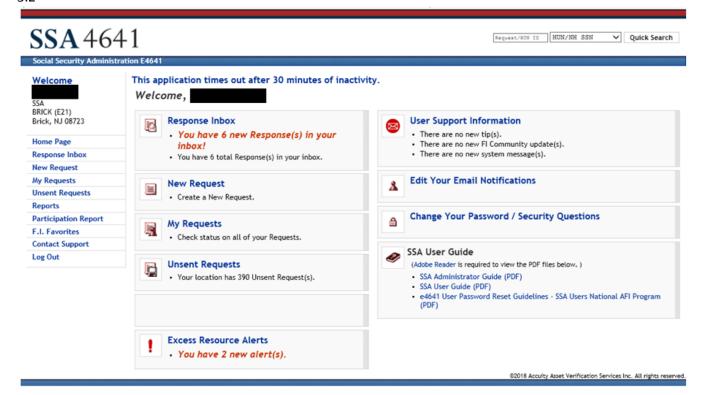
### Social Security Administration - Form 4641

This is a U.S. Government computer system subject to Federal law. The Social Security Administration is an agency of the U.S. Federal Government. There is no expectation of user privacy in this system including, but not limited to, electronic mail messages.

Unauthorized attempts to access, upload, or otherwise alter data, programming language, or any other part of SSA's systems are strictly prohibited and are subject to disciplinary and/or civil action or criminal prosecution. Anyone using this system expressly consents to monitoring and is advised that if such monitoring reveals possible evidence of criminal activity, SSA may provide the evidence of such monitoring to law enforcement officials. This system is only to be used for processing Title 16 (SSI) and Title 2 (Waiver) workloads.



3.2

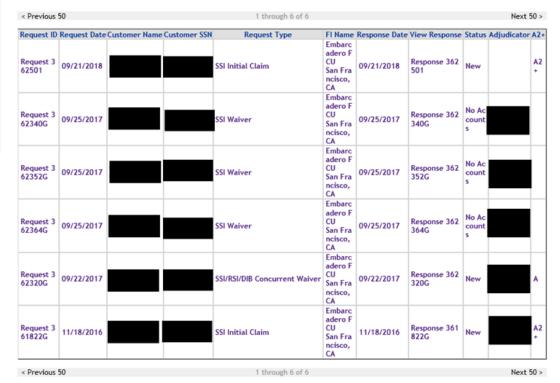


Request/HUN ID HUN/NH SSN ✓ Quick Search

# Welcome BRICK (E21) Brick, NJ 08723 Home Page Response Inbox New Request My Requests Unsent Requests Reports Participation Report F.I. Favorites Contact Support Log Out

# Response Inbox

- You have 6 new response(s)!
  You have 6 total response(s).





Request/NUM ID HUN/NH SSN V Quick Search

Welcome BRICK (E21) Brick, NJ 08723

Home Page Response Inbox New Request

Unsent Requests

Reports Participation Report F.I. Favorites Contact Support

Log Out

Response WebForm - Opened 09/21/2018

View Case Management Page

Status Status: Viewed on 09/21/2018

Set Status to Closed

### Print Form 4641

Select View and Print Form 4641. The PDF file of the populated Form 4641 may open in a new window or it might be loaded into the current window depending on your web browser settings. If the form is loaded into your current web browser window, you will have to re-enter the system to return to this page. Select Print from the Toolbar to print the document once it has opened. Adobe Reader's required to view the PDF file below.

View and Print Form 4641

Response Completed By Name: Phone: 000/000-0000

Internal SSA Information
HUN /NH SSN:

Request Type: SSI Initial Claim

Request ID Information from Social Security Administration Request ID: 362501 SSA Request ID:

Date Submitted: 09/21/2018

### SSA Representative

SSA Representative's Signature: Signature is on file.

### Request Data from Social Security Administration

mer's Social Security Number

Francisco, CA 94126

Account Number(s) (Individual or Joint)

Please Provide Balances from: 8/2016 through 9/2018 Authorizing Signature: Signature is on file. Customer Other Names: SSA Remarks:

Customer's Name

Applicant/Recipient if Other Than Customer

Name and Address of Financial Institution Embarcadero FCU 555 Battery St San Francisco, CA 94126 Interest Requested: NO NO

This request is authorized by sections 204(b), 1631(b)(1)(B) and 1631(e)(1)(B) of the Social Security Act, as amended. While you are not required to respond, your cooperation will help us either to: (1) determine the eligibility of the applicant or recipient named above for Supplemental Security Income benefits; or (2) determine if a request to walve a Social Security overpayment should be granted. The customer's authorization for release of the information contained in your records appears on page one of this form.

# Instructions for Completion

- Please provide information for the period 8/2016 through 9/2018 for the account number(s) listed and any others held (either individually or jointly) by the

- Please provide information for the period of zero unrough 77.00 or the account, animacy, second intermed, customer named,
  Please provide information on ALL accounts associated with the customer named, regardless if the account number is listed on this request
  Copies of account records may be submitted in lieu of entering data below.

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# Account Balances

Savings Account Title	
Balance	Interest Paid
\$123.45	Not Required
\$678.90	Not Required
\$12.34	Not Required
\$56.78	Not Required
\$90.12	Not Required
\$345.67	Not Required
\$890.12	Not Required
\$34.56	Not Required
\$78.90	Not Required
\$987.65	Not Required
\$432.10	Not Required
\$98.76	Not Required
\$54.32	Not Required
\$10.98	Not Required
\$1234.56	Not Required
\$7890.12	Not Required
\$3456.78	Not Required
\$9012.34	Not Required
\$56.78	Not Required
\$90.12	Not Required
\$34.56	Not Required
\$78.90	Not Required
\$123.45	Not Required
\$678.90	Not Required
\$111.11	Not Required
\$222.22	Not Required
	Balance \$123.45 \$678.90 \$12.34 \$56.78 \$90.12 \$345.67 \$890.12 \$34.56 \$78.90 \$987.65 \$432.10 \$98.76 \$54.32 \$10.98 \$1234.56 \$7890.12 \$3.45.67 \$590.12 \$3.45.67 \$7890.12 \$3.45.67 \$90.12 \$3.45.67 \$90.12 \$3.45.65 \$78.90 \$123.45

Attachments

Additional Information or Remarks from the Financial Institution Remarks: FI has changed account numbers.