

## Example Screens

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

1.1

The screenshot shows the login interface for the SSA 4641 system. At the top, the logo "SSA 4641" is displayed in a large blue font, with "Social Security Administration E4641" in a smaller font below it. The main heading is "Social Security Administration - Form 4641". Below this, a disclaimer states: "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." A second paragraph reads: "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." The login section is titled "Log In Information" and contains two input fields: "User ID:" and "Password:". A "Forgot Password?" link is positioned to the right of the password field. Below the input fields is a "Submit Log In Information" button. At the bottom of the page, a copyright notice reads: "©2018 Accuity Asset Verification Services Inc. All rights reserved."

1.2

The screenshot displays the main dashboard of the SSA 4641 system. The top left features the "SSA 4641" logo and "Social Security Administration E4641". On the top right, there are search filters for "Request/FORM ID" and "RUN/NR SSN", along with a "Quick Search" button. A navigation menu on the left includes links for Home, Response Inbox, New Request, My Requests, Unsent Requests, Reports, Participation Report, F.I. Favorites, Contact Support, and Log Out. The main content area is titled "Welcome, [redacted]" and includes a warning: "This application times out after 30 minutes of inactivity." The dashboard is organized into several panels: "Response Inbox" (0 new responses, 6 total), "New Request" (Create a New Request), "My Requests" (Check status on all of your Requests), "Unsent Requests" (32 Unsent Request(s)), "Excess Resource Alerts", "User Support Information" (no new tips, no new FI Community updates, 1 total new system message), "Edit Your Email Notifications", "Change Your Password / Security Questions", and "SSA User Guide" (links to Administrator Guide, User Guide, and Password Reset Guidelines PDFs). A copyright notice "© 2018 Accuity Asset Verification Services Inc. All rights reserved." is located at the bottom right.

### 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 - Customer Information

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

**\* = Required Information**

### Request ID Information

\*Request ID:

### Financial Institution Information

\*FI Name: **Embarcadero FCU**  
 \*Street Address: **555 Battery St**      \*State: **CA**      \*ZIP: **94126**  
 \*City: **San Francisco**

### Select Adjudicator

Adjudicator:

### Internal SSA Information

\*HUN/NH SSN:   
 \*Request Type:    **SSI Eligibility**      **Waivers**  
                           SSI Initial Claim       SSI Waiver       DIB Waiver  
                           SSI RZ/LI                       RSI Waiver       SSI/RSI/DIB Concurrent Waiver

### Customer Information

\*First Name:       Middle:       \*Last Name:       Suffix:   
 \*SSN:   
 \*Street Address:        Use as Address Reference Point  
 \*City:       \*State:       \*ZIP:

### Customer Other Names

First Name	Middle Name	Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Applicant/Recipient Information (If not Customer)

First Name:       Middle:       Last Name:

### Legal Representative or Representative Payee's Information (If Applicable)

First Name:       Middle:       Last Name:   
 Street Address:        Use as Address Reference Point  
 City:       State:       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:       ZIP:

#### Witness 2

Street Address:   
 City:       State:       ZIP:

### Continue

### Welcome

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BRICK (E21)  
Brick, NJ 08723

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## Request WebForm - Customer Information

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

\* = Required Information

### Request ID Information

\*Request ID:

### Financial Institution Information

\*FI Name: Embarcadero FCU  
 \*Street Address: 555 Battery St      \*City: San Francisco      \*State: CA      \*ZIP: 94126

### Select Adjudicator

Adjudicator:

### Internal SSA Information

\*HUN/NH SSN:   
 \*Request Type:     SSI Eligibility     Waivers  
                           SSI Initial Claim     SSI Waiver     DIB Waiver  
                           SSI RZ/LI     RSI Waiver     SSI/RSI/DIB Concurrent Waiver

### Customer Information

\*First Name:     Middle:     \*Last Name:     Suffix:   
 \*SSN:   
 \*Street Address:      Use as Address Reference Point  
 \*City:     \*State:     \*ZIP:

### Customer Other Names

First Name	Middle Name	Last Name	Suffix

### Applicant/Recipient Information (If not Customer)

First Name:     Middle:     Last Name:

### Legal Representative or Representative Payee's Information (If Applicable)

First Name:     Middle:     Last Name:   
 Street Address:      Use as Address Reference Point  
 City:     State:     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:     ZIP:

#### Witness 2

Street Address:     City:     State:     ZIP:

### Continue

### Welcome

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## Request WebForm - Account Information

Steps: [Customer Information] **[Account Information]** [Review Data]

**\* = Required Information**

### Request ID Information

\*Request ID: 362501

### Account Information : Date Range

\*From Month: August    \*From Year: 2016    \*To Month: September    \*To Year: 2018

Add Additional Date Ranges

### Account Numbers

Account 1:

Account 2:

Account 3:

Account 4:

Joint Account

Joint Account

Joint Account

Joint Account

SSI Direct Deposit

SSI Direct Deposit

SSI Direct Deposit

SSI Direct Deposit

Add Additional Accounts

### Additional Information or Remarks

Request Interest Information

Remarks:

(Maximum 1000 Characters)

### Continue

Create Geo SubRequests    Continue    Save to Unsent Requests    Delete Request

**Welcome**

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Brick, NJ 08723

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## Request WebForm - Review Data

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

**Review data.**

**\* = Required Information**

**Request ID Information**  
 \*Request ID: 362501G SSA Request ID:

**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: [REDACTED]  
 \*Request Type: SSI Initial Claim [Revise](#)

**Customer Information**  
 \*First Name: [REDACTED] Middle: [REDACTED] \*Last Name: [REDACTED] Suffix: Jr  
 Other Names:  
 \*SSN: [REDACTED]  
 \*Street Address: [REDACTED]  
 \*City: San Francisco \*State: CA \*ZIP: 94126  
[Revise](#)

**Applicant/Recipient Information**  
 Not Applicable [Revise](#)

**Legal Representative or Representative Payee's Information (If Applicable)**  
 Not 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](#)

**Sub Requests**

FI Name and Address	Institution Type	Locations in Area	Central Process	Distance to Closest	Delete?
Bank of America, National Association 100 N Tryon St Charlotte, NC 28255	Bank	194	Yes	12.46	<input type="checkbox"/>
Citibank, N.A. 3900 Paradise Rd, Ste 127 Las Vegas, NV 89109	Bank	76	Yes	12.85	<input type="checkbox"/>
HSBC Bank USA, National Association One HSBC Ctr Buffalo, NY 14203	Bank	1	Yes	13.54	<input type="checkbox"/>
Provident CU 303 Twin Dolphin Dr Redwood City, CA 94065-1419	Credit Union	3	Yes	15.27	<input type="checkbox"/>
Wells Fargo Bank, National Association 101 N Phillips Ave Sioux Falls, SD 57104	Bank	2	Yes	16.33	<input type="checkbox"/>

[Delete All SubRequests](#)
[Delete Selected SubRequests](#)

**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](#)

**Continue**  
 All required fields must be completed before continuing to authorization.  

[Save to Unsent Requests](#)
[Delete Request](#)
[Copy to Request](#)

### Welcome

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Brick, NJ 08723

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## Request WebForm - Review Data

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

Review data.

### \* = Required Information

#### Request ID Information

\*Request ID: 362501

SSA Request ID:

#### 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

Revise

#### Customer Information

\*First Name: [ ]

Middle: [ ]

\*Last Name: [ ]

Suffix: Jr

Other Names: [ ]

\*SSN: [ ]

\*Street Address: [ ]

\*City: San Francisco

\*State: CA

\*ZIP: 94126

Revise

#### Applicant/Recipient Information

Not Applicable

Revise

#### Legal Representative or Representative Payee's Information (If Applicable)

Not 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 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

#### Continue

All required fields must be completed before continuing to authorization.

Save to Unsent Requests

Delete Request

Copy to Request

### Welcome

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## Request WebForm - Review Data

Steps: [Customer Information] [Account Information] [Review Data] [Authorization]

Review data.

### \* = Required Information

#### Request ID Information

\*Request ID: 362501

SSA Request ID:

#### 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: [REDACTED]  
\*Request Type: SSI Initial Claim

Revise

#### Customer Information

\*First Name: [REDACTED]  
Other Names:  
\*SSN: [REDACTED]  
\*Street Address: [REDACTED]  
\*City: San Francisco

Middle: [REDACTED]

\*Last Name: [REDACTED]

Suffix: Jr

\*State: CA

\*ZIP: 94126

Revise

#### Applicant/Recipient Information

Not Applicable

Revise

#### Legal Representative or Representative Payee's Information (If Applicable)

Not 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 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

#### Continue

All required fields must be completed before continuing to authorization.

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

### Welcome

SSA  
BRICK (E21)  
Brick, NJ 08723

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- [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 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.
- 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.

\*Authorizing signature is on file.  Customer Signed Permanent Authorization.

\*Date Signed: 21 September 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 on file.

\*Date Signed: 21 September 2018

First Name: [Redacted]  
Address 1: 2620 Yorktowne Boulevard  
City: Brick  
Phone: [Redacted]

Middle:  
State: NJ

Last Name: [Redacted]  
ZIP: 08723

### Continue

[Send to FI](#) [Delete Request](#)



### Welcome

SSA  
BRICK (E21)  
Brick, NJ 08723

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- F.I. Favorites
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- Log Out

## Request WebForm - Authorization

\* = Required Information

### Request ID Information

\*Request ID: 362501

### Authorization

I understand:

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- 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
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- 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.
- 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.

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### SSA Representative's Information

\*SSA Representative's authorizing signature is on file.

\*Date Signed: 21 September 2018

First Name: [Redacted]  
Address 1: 2620 Yorktowne Boulevard  
City: Brick  
Phone: [Redacted]

Middle:  
State: NJ

Last Name: [Redacted]  
ZIP: 08723

### Continue

Send to FI Delete Request

# SSA 4641

Request/ROW ID: HUN/NH SSN  Quick Search

Social Security Administration E4641

## Welcome

SSA  
BRICK (E21)  
Brick, NJ 08723

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- [Contact Support](#)
- [Log Out](#)

## Request WebForm

**Request has been sent.**

\* = Required Information

[View Case Management Page](#)

### Request ID Information

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

### Financial Institution Information

\*FI Name: Embarcadero FCU  
 \*Street Address: 555 Battery St      \*State: CA      \*ZIP: 94126  
 \*City: San Francisco

### Adjudicator

Adjudicator:

### Internal SSA Information

\*HUN/NH SSN: [REDACTED]  
 \*Request Type: SSI Initial Claim

### Customer Information

\*First Name: [REDACTED]      Middle: [REDACTED]      \*Last Name: [REDACTED]      Suffix: Jr  
 Other Names:  
 \*SSN: [REDACTED]  
 \*Street Address: [REDACTED]      \*State: CA      \*ZIP: 94126  
 \*City: San Francisco

### Account Information

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

Interest Requested: NO  
 SSA Remarks:

### 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 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.

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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.

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.

\*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 on file.

\*Date Signed: 21 Sep 2018

First Name: [REDACTED]      Middle:      Last Name: [REDACTED]  
 Street Address: 2620 Yorktowne Boulevard      State: NJ  
 City: Brick      ZIP: 08723  
 Phone: [REDACTED]

### 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](#)

[\[ Return to Home Page \]](#) [\[ Create A New Request \]](#)

**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

2.2

# SSA 4641

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

## Request Inbox

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

1

Request ID	Request Date	SSA Office	Customer Name	Response Due	Status	Assigned To	No Accounts Found
Request 361740	05/20/2015	NY ROQA	[REDACTED]	06/04/2015	Assigned	[REDACTED]	<input type="checkbox"/>
Request 361760	06/01/2015	NY ROQA	[REDACTED]	06/16/2015	Assigned	[REDACTED]	<input type="checkbox"/>
Request 362000	01/04/2016	NY ROQA	[REDACTED]	01/19/2016	New		<input type="checkbox"/>
Request 362326G	09/22/2017	BRICK (E21)	[REDACTED]	10/07/2017	Assigned	[REDACTED]	<input type="checkbox"/>
Request 362346G	09/25/2017	BRICK (E21)	[REDACTED]	10/10/2017	New		<input type="checkbox"/>
Request 362358G	09/25/2017	BRICK (E21)	[REDACTED]	10/10/2017	Assigned	[REDACTED]	<input type="checkbox"/>
Request 362380G	10/06/2017	BRICK (E21)	[REDACTED]	10/21/2017	Assigned	[REDACTED]	<input type="checkbox"/>
Request 362500	09/21/2018	BRICK (E21)	[REDACTED]	10/06/2018	New		<input type="checkbox"/>
Request 362501	09/21/2018	BRICK (E21)	[REDACTED]	10/06/2018	New		<input type="checkbox"/>

1

### Respond No Accounts Found

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

Welcome

Embarcadero FCU  
San Francisco, CA 94126

Home

Edit Users

Request Inbox

My Responses

Reports

Contact Support

Log Out

## Response WebForm - Part I - Customer Detail

### Status

Status: New on 09/21/2018

### Request Assigned To

Assign Request

### 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.

First Name: [Redacted] Middle: [Redacted] Last Name: [Redacted]  
Address: 2620 Yorktowne Boulevard City: Brick State: NJ ZIP: 08723  
Phone: [Redacted]

SSA Representative's Signature: Signature is on file.

### Request Data from Social Security Administration

Customer's Social Security Number

Customer's Name

Customer's Address

Applicant/Recipient if Other Than Customer

San Francisco, CA 94126

Account Number(s) (Individual or Joint)

Name and Address of Financial Institution

Please Provide Balances from:

8/2016 through 9/2018

Embarcadero FCU  
555 Battery St  
San Francisco, CA 94126

Authorizing Signature:

Signature is on file.

Interest Requested:

NO

Customer Other Names:

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 provided.

- No accounts found.
- Will not respond.  If select the "Other explanation", please enter reason in text box.

(Maximum 1000 Characters)

### Request for Records

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.

Welcome  
[Redacted]  
Embarcadero FCU  
San Francisco, CA 94126

- Home
- Edit Users
- Request Inbox
- My Responses
- Reports
- Contact Support
- Log Out

## Response WebForm - Part I - Customer Detail

**Status**  
Status: New on 09/21/2018

**Request Assigned To**  
First Name: [Redacted] Middle: Last Name: [Redacted]  
Phone: 000/000-0000  
[Redacted] Assign Request

**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.  
First Name: [Redacted] Middle: Last Name: [Redacted]  
Address: 2620 Yorktowne Boulevard City: Brick State: NJ ZIP: 08723  
Phone: [Redacted]  
SSA Representative's Signature: Signature is on file.

**Request Data from Social Security Administration**  
Customer's Social Security Number: [Redacted] Customer's Name: [Redacted]  
Customer's Address: [Redacted] Applicant/Recipient If Other Than Customer: [Redacted]  
San Francisco, CA 94126  
Account Number(s) (Individual or Joint): [Redacted] Name and Address of Financial Institution: Embarcadero FCU, 555 Battery St, San Francisco, CA 94126  
Please Provide Balances from: 8/2016 through 9/2018 Interest Requested: NO  
Authorizing Signature: Signature is on file.  
Customer Other Names: [Redacted]  
SSA Remarks: [Redacted]

**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.  
 Will not respond.  If select the "Other explanation", please enter reason in text box.  
  
(Maximum 1000 Characters)

**Request for Records**  
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 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.

- Welcome [Redacted]  
Embarcadero FCU  
San Francisco, CA 94126
- Home
- Edit Users
- Request Inbox
- My Responses
- Reports
- Contact Support
- Log Out

## Response WebForm - Part II, Part A - Account Information

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

### Customer Summary

Customer's Name

Customer's Social Security Number

SSA Remarks

### Account Types

Account 1

Account Number: [ ] Joint Account: [No] SSI Direct Deposit: [No]

Type of Account: [Select Account Type] If "Other", Describe: [ ]

Account Title: [ ]

Add Additional Accounts

### Continue to Part B, Account Balances

Save to My Responses Enter Account Balances

- Welcome [Redacted]  
Embarcadero FCU  
San Francisco, CA 94126
- Home
- Edit Users
- Request Inbox
- My Responses
- Reports
- Contact Support
- Log Out

## Response WebForm - Part II, Part A - Account Information

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

### Customer Summary

Customer's Name

Customer's Social Security Number

SSA Remarks

### Account Types

Account 1

Account Number: 111 Joint Account: [No] SSI Direct Deposit: [No]

Type of Account: [Savings Account] If "Other", Describe: [ ]

Account Title: [Savings Account Title] x

Add Additional Accounts

### Continue to Part B, Account Balances

Save to My Responses Enter Account Balances

- Welcome [REDACTED]
- 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 Savings Account		Interest Paid (00.00)
	Savings Account Title	Balance (00.00)	
9/2018		\$ <input type="text"/>	Not Required
8/2018		\$ <input type="text"/>	Not Required
7/2018		\$ <input type="text"/>	Not Required
6/2018		\$ <input type="text"/>	Not Required
5/2018		\$ <input type="text"/>	Not Required
4/2018		\$ <input type="text"/>	Not Required
3/2018		\$ <input type="text"/>	Not Required
2/2018		\$ <input type="text"/>	Not Required
1/2018		\$ <input type="text"/>	Not Required
12/2017		\$ <input type="text"/>	Not Required
11/2017		\$ <input type="text"/>	Not Required
10/2017		\$ <input type="text"/>	Not Required
9/2017		\$ <input type="text"/>	Not Required
8/2017		\$ <input type="text"/>	Not Required
7/2017		\$ <input type="text"/>	Not Required
6/2017		\$ <input type="text"/>	Not Required
5/2017		\$ <input type="text"/>	Not Required
4/2017		\$ <input type="text"/>	Not Required
3/2017		\$ <input type="text"/>	Not Required
2/2017		\$ <input type="text"/>	Not Required
1/2017		\$ <input type="text"/>	Not Required
12/2016		\$ <input type="text"/>	Not Required
11/2016		\$ <input type="text"/>	Not Required
10/2016		\$ <input type="text"/>	Not Required
9/2016		\$ <input type="text"/>	Not Required
8/2016		\$ <input type="text"/>	Not Required

[Edit Only this Account](#)

### Attachments

[Attach Account Records](#)

### Additional Information or Remarks

Remarks:

(Maximum 1000 Characters)

### Continue

[Save to My Responses](#) [Continue to Review Data](#)



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	\$ 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 x	Not Required

[Edit Only this Account](#)

### Attachments

[Attach Account Records](#)

### Additional Information or Remarks

Remarks:

(Maximum 1000 Characters)

### Continue

[Save to My Responses](#) [Continue to Review Data](#)

- Welcome [REDACTED]
- Embarcadero FCU  
San Francisco, CA 94126
- Home
- Edit Users
- Request Inbox
- My Responses
- Reports
- Contact Support
- Log Out

## Response WebForm - Review Data

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

Status  
Status: Assigned on 09/21/2018

Request Assigned To  
First Name: [REDACTED] Middle: Last Name: [REDACTED]  
Phone: 000/000-0000

Request ID Information from Social Security Administration  
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: [REDACTED] Middle: Last Name: [REDACTED]  
Address: 2620 Yorktowne Boulevard City: Brick State: NJ ZIP: 08723  
Phone: [REDACTED]  
SSA Representative's Signature: Signature is on file.

Request Data from Social Security Administration  
Customer's Social Security Number [REDACTED] Customer's Name [REDACTED]  
Customer's Address [REDACTED] Applicant/Recipient if Other Than Customer  
San Francisco, CA 94126  
Account Number(s) (Individual or Joint) Name and Address of Financial Institution  
Embarcadero FCU  
555 Battery St  
San Francisco, CA 94126  
Please Provide Balances from: 8/2016 through 9/2018 Interest Requested: NO  
Authorizing Signature: Signature is on file.  
Customer Other Names:  
SSA Remarks:

Request for Records  
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.

Account Balances

Month/Year	Balance	Interest Paid
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	\$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

[Edit Account Information](#)

Attachments  
None [Edit Attachments](#)

Additional Information or Remarks  
Remarks:

Continue  
[Save to My Responses](#) [Send to Social Security Administration](#)

SSA 4641

---

**Welcome**  
 ██████████  
 Embarcadero FCU  
 San Francisco, CA 94126

[Home](#)  
[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

**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.

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

**Request ID Information from Social Security Administration**  
 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: ██████████ Middle: ██████████ Last Name: ██████████  
 Address: 2620 Yorktowne Boulevard City: Brick State: NJ ZIP: 08723  
 Phone: ██████████  
 SSA Representative's Signature: Signature is on file.

**Request Data from Social Security Administration**

<p><b>Customer's Social Security Number</b>                              ██████████</p> <p><b>Customer's Address</b>                              ██████████                              San Francisco, CA 94126</p> <p><b>Account Number(s) (Individual or Joint)</b>                              8/2016 through 9/2018</p> <p><b>Authorizing Signature:</b>                              Signature is on file.</p> <p><b>Customer Other Names:</b>                              SSA Remarks:</p>	<p><b>Customer's Name</b>                              ██████████                              Applicant/Recipient If Other Than Customer</p> <p><b>Name and Address of Financial Institution</b>                              Embarcadero FCU                              555 Battery St                              San Francisco, CA 94126</p> <p><b>Interest Requested:</b>                              NO</p>
--	---

**Request for Records**  
 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.

**Account Balances**

Month/Year	Account # 111 - Savings Account Savings Account Title	Balance	Interest Paid
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		\$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

**Attachments**  
 None

**Additional Information or Remarks from the Financial Institution**  
 Remarks:

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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 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.

### Log In Information

User ID:

Password:  [Forgot Password?](#)

### Submit Log In Information

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3.2

# SSA 4641

Request/RTM ID HUN/NH SSN  Quick Search

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](#)

This application times out after 30 minutes of inactivity.

Welcome, ██████████



#### Response Inbox

- You have 6 new Response(s) in your inbox!
- You have 6 total Response(s) in your inbox.



#### New Request

- Create a New Request.



#### My Requests

- Check status on all of your Requests.



#### Unsent Requests

- Your location has 390 Unsent Request(s).



#### Excess Resource Alerts

- You have 2 new alert(s).



#### User Support Information

- There are no new tip(s).
- There are no new FI Community update(s).
- There are no new system message(s).



#### Edit Your Email Notifications



#### Change Your Password / Security Questions



#### SSA User Guide

(Adobe Reader is required to view the PDF files below. )

- SSA Administrator Guide (PDF)
- SSA User Guide (PDF)
- e4641 User Password Reset Guidelines - SSA Users National AFI Program (PDF)

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# SSA 4641

Request/RCN ID HUN/NH SSN Quick Search

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

## Response Inbox

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

< Previous 50 1 through 6 of 6 Next 50 >

Request ID	Request Date	Customer Name	Customer SSN	Request Type	FI Name	Response Date	View Response	Status	Adjudicator	A2+
Request 3 62501	09/21/2018	[REDACTED]	[REDACTED]	SSI Initial Claim	Embarcadero F CU San Francisco, CA	09/21/2018	Response 362 501	New		A2+
Request 3 62340G	09/25/2017	[REDACTED]	[REDACTED]	SSI Waiver	Embarcadero F CU San Francisco, CA	09/25/2017	Response 362 340G	No Accounts	[REDACTED]	
Request 3 62352G	09/25/2017	[REDACTED]	[REDACTED]	SSI Waiver	Embarcadero F CU San Francisco, CA	09/25/2017	Response 362 352G	No Accounts	[REDACTED]	
Request 3 62364G	09/25/2017	[REDACTED]	[REDACTED]	SSI Waiver	Embarcadero F CU San Francisco, CA	09/25/2017	Response 362 364G	No Accounts	[REDACTED]	
Request 3 62320G	09/22/2017	[REDACTED]	[REDACTED]	SSI/RSI/DIB Concurrent Waiver	Embarcadero F CU San Francisco, CA	09/22/2017	Response 362 320G	New	[REDACTED]	A
Request 3 61822G	11/18/2016	[REDACTED]	[REDACTED]	SSI Initial Claim	Embarcadero F CU San Francisco, CA	11/18/2016	Response 361 822G	New	[REDACTED]	A2+

< Previous 50 1 through 6 of 6 Next 50 >

# SSA 4641

Request ID: [REDACTED] 09/21/2018 Quick Search

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

**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 is required to view the PDF file below.

[View and Print Form 4641](#)

**Response Completed By**

Name: [REDACTED]  
Phone: 000/000-0000

**Internal SSA Information**

HUN / NH SSN: [REDACTED]

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**

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: [REDACTED]  
Address: 2620 Yorktowne Boulevard  
City: Brick  
Phone: [REDACTED]

Middle:

State: NJ

Last Name: [REDACTED]

ZIP: 08723

SSA Representative's Signature: Signature is on file.

**Request Data from Social Security Administration**

Customer's Social Security Number

Customer's Name

Customer's Address

Applicant/Recipient if Other Than Customer

San Francisco, CA 94126

Account Number(s) (Individual or Joint)

Name and Address of Financial Institution

Please Provide Balances from:

Embarcadero FCU

8/2016 through 9/2018

555 Battery St

Authorizing Signature:

San Francisco, CA 94126

Signature is on file.

Interest Requested:

Customer Other Names:

NO

SSA Remarks:

**Request for Records**

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.

**Account Balances**

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	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	\$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	

**Attachments**

None

**Additional Information or Remarks from the Financial Institution**

Remarks: FI has changed account numbers.