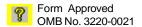
## **PROPOSED**



## **Statement** of Residence

RRB Claim No.:
Employee's SS No.:
Employee's Name:

## Paperwork Reduction Act / Privacy Act Notices

The Railroad Retirement Board is authorized to collect the information on this form under Section 7(b)(6) of the Railroad Retirement Act of 1974. The information will be used to determine entitlement to benefits under this Act.

reviewing the instructions, getting the needed data and reviewing the completed form. Federal agencies may not conduct or sponsor, and respondents are not required to respond to a collection of information unless it displays a

You are not required to provide this informati your failure to do so may result in loss of be applicant. Your cooperation in furnishing the is, therefore, very much appreciated.  We estimate this form takes an averagminutes per response to complete, including  1 Your Full Name  2 Name of person whose residence(s) you are certification.	ion. However, nefits for the information ge of 3 to 5 the time for	valid the a form Asso Com	OMB num accuracy of including s ciate Chie pliance, Ra	ber. If you w our estimate suggestions fo f Informatio ilroad Retirem linois 60611-12	rish, send core or any or reducing on Officer tent Board, 8	comments re ther aspect completion for Policy	egarding of this time, to and	
3 I certify that the person named above reside						wn "		
Note: Where residence in a period is unknown, show the period and enter "Unknown" under "City or Town."								
City or Town	County		State		Month Year		Year	
				Worth	roui	Month	Tour	
4 Explain how you know where the person lived.						1		
5 Certification: Failure to report or the making of a both. I understand that civil and criminal penalties information to cause or prevent payment of benef given is true, complete, and correct.	s may be impose	ed on m	e for false o	r fraudulent st	tatements, d	or for withhol	ding	
Signature of person making statement			Date (Month, Day, Year)					
Signature (First Name, Middle Initial, Last Name) (Write in Ink)								
▶			Daytime Telephone Number  ( )					
Mailing Address (Number and Street, Apt. No., P.C	O. Box, etc.)	•						
City and State		ZIP Code		County (if any)	)			
6 If the certification is signed by mark (X) in Item full addresses and daytime telephone numbers	5, two witness	es who	know the p	erson signing	g must sign	below, givi	ng their	
a Signature of Witness			<b>b</b> Signature of Witness					
Address (Number and Street, City, State and ZIP Code)			Address (Number and Street, City, State and ZIP Code)					
Daytime Telephone Number			Daytime Telephone Number					
\ /			,	Form (	2-238 (vv-v)	() Destroy pr	ior aditions	