

## More Information Needed for the Person Named Below



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

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

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

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

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

### Retirement Operations

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

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

## Privacy Act Statement

Pursuant to 5 U.S.C. § 552a(e)(3), this Privacy Act Statement serves to inform you of why OPM is requesting the information on this form.

**Authority:** OPM is authorized to collect your Social Security number by Executive Order 9397 (November 22, 1943), as amended by Executive Order 13478 (November 18, 2008). **Purpose:** OPM is requesting this information to identify the records of individuals whom OPM has no SSN on record or whose SSN is incorrect. The SSN is also needed to report to the Internal Revenue Service that OPM has made payments. **Routine Uses:** The information requested on this form may be shared as a "routine use" to other Federal agencies and third-parties when it is necessary to process your application. For example, OPM may share your information with other Federal, state, or local agencies and organizations in order to determine benefits under their programs, to obtain information necessary for a determination of your disability retirement benefits, or to report income for tax purposes. OPM may also share your information with law enforcement agencies if it becomes aware of a violation or potential violation of civil or criminal law. A complete list of the routine uses can be found in the OPM/CENTRAL 1 Civil Service Retirement and Insurance Records system of records notice, available at [www.opm.gov/privacy](http://www.opm.gov/privacy). **Consequences of Failure to Provide Information:** Providing this information is voluntary. However, failure to provide this information would complicate OPM's efforts in establishing the correct identity of those receiving payments. Individuals who do not provide this information can also request changes via telephone or letter, as well as using RI 38-45. The information collected can only be obtained from the respondents.

## Public Burden Statement

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