

Changes June 2007

- SET ASIDE FOR BURIAL OF: 9 [3-M] changed to MEETS EXCLUSION RELATIONSHIP (CLAIMANT, SPOUSE, LIVING WITH MOTHER, LIVING WITH FATHER) (Y/N): X [6-M]
- IF OTHER, NAME: [4-C] changed to NAME FOR WHOM SET ASIDE [5-M]
- Added information/instruction as follows under NAME FOR WHOM SET ASIDE due to SET ASIDE FOR BURIAL OF format change: "For each person's claim path, the system will compare the name entered in this field with the name on ACID in order to select the correct pronoun or name for the SSI printed output (e.g. application). If the resource is set aside for burial of the person whose name and SSN display at the top of the screen, enter the name in this field the same way that it appears on ACID."
- Changed field name for [2-M] TYPE to [2-M] SELECT TYPE.

SCREEN FACSIMILE 1:

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MSSICS                                BURIAL FUNDS                                PAGE 1 OF RFND
SSS-SS-SSSS  SSSSS SSSSSSSSSSS                                TRANSFER TO: XXXX

SELECT TYPE: 9    1=BURIAL CONTRACT    2=BURIAL TRUST
DESCRIPTION: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
              XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
DATE ASSET SET ASIDE (MMDDYY): 999999

NAME FOR WHOM SET ASIDE:
XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXX

MEETS EXCLUSION RELATIONSHIP (CLAIMANT, SPOUSE,
LIVING WITH FATHER, LIVING WITH MOTHER) (Y/N): X

EARNs INTEREST(Y/N): X
IF EARNs INTEREST, INTEREST REMAINS IN FUND (Y/N): X

CO-OWNED(Y/N): X

RESOURCE DISPOSAL AGREEMENT (Y/N): X    PROOF OF DISPOSAL (Y/N): X

ANOTHER SOURCE (Y): X    DELETE THIS SOURCE (Y): X    REMARKS (Y): X
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Changes June 2007

- Changed field [22-M] SET ASIDE FOR BURIAL OF to MEETS EXCLUSION RELATIONSHIP (CLAIMANT, SPOUSE, LIVING WITH MOTHER, LIVING WITH FATHER).
- Changed field [23-C] IF OTHER, NAME to NAME FOR WHOM HELD.

SCREEN FACSIMILE 1:

MSSICS LIFE INSURANCE PAGE 1 OF RLIF
SSS-SS-SSSS SSSSS SSSSSSSSSS TRANSFER TO: XXXX
TYPE OF POLICY: 9 1=POLICY WITH CSV (WHOLE LIFE, UNIVERSAL LIFE,
TERM WITH CSV, ETC.) 2=POLICY WITHOUT CSV
NAME OF INSURED: P 1=SAME AS ABOVE 2=OTHER
IF OTHER, SPECIFY: XX XXXX
FACE VALUE: 99999999 IF POLICY WITH CSV, CSV NEEDED (Y/N): X
COMPANY: XXX
ADDRESS: XXX
XX
POLICY NUMBER: XXXXXXXXXXXXX DATE PURCHASED (MMDDYY): 999999

POLICY PAYS DIVIDEND ACCUMULATIONS (Y/N): X
IF POLICY HAS CSV AND NO DIVIDEND ACCUMULATIONS,
POLICY PAYS DIVIDEND ADDITIONS (Y/N): X

SET ASIDE FOR BURIAL (Y/N): X PASS EXCLUSION (Y/N): X
IF TOTALLY EXCLUDED, OWNERSHIP END DATE (MMDDYY): 999999
RESOURCE DISPOSAL AGREEMENT (Y/N): X PROOF OF DISPOSAL (Y/N): X

ANOTHER SOURCE (Y): X DELETE THIS SOURCE (Y): X REMARKS (Y): X

Changes June 2007

- Changed [28-M] SET ASIDE FOR BURIAL OF to [29-M] MEETS EXCLUSION RELATIONSHIP (CLAIMANT, SPOUSE, LIVING WITH MOTHER, LIVING WITH FATHER).
- Changed [29-C] IF OTHER, NAME to [28-M] NAME FOR WHOM HELD.

SCREEN FACSIMILE 1:

MSSICS PROMISSORY NOTES/LOANS/PROPERTY AGREEMENTS PAGE 1 OF RNOT
SSS-SS-SSSS SSSSS SSSSSSSSSSS TRANSFER TO: XXXX
TYPE: 9 1=PROMISSORY NOTE/COMMERCIAL LOAN 3=ORAL/INFORMAL LOAN
2=WRITTEN/INFORMAL LOAN 4=PROPERTY AGREEMENT
BORROWER: XX PHONE: 999 999 9999
ADDRESS: XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX
EARNS INTEREST(Y/N): X

IF TYPE = 2 OR 3 COMPLETE THE FOLLOWING:
DATE OF ORIGINAL LOAN (MMDDYY): 999999 AMOUNT OF ORIGINAL LOAN: 999999999
DESCRIBE COLLATERAL: XX
IS THERE A TIMETABLE OR PLAN TO REPAY (Y/N): X
HOW DOES BORROWER INTEND TO REPAY:
XXX
VALID UNDER STATE LAW (Y/N): X

CO-OWNED(Y/N): X SET ASIDE FOR BURIAL (Y/N): X PASS EXCLUSION (Y/N): X
IF TOTALLY EXCLUDED, OWNERSHIP END DATE (MMDDYY): 999999
RESOURCE DISPOSAL AGREEMENT(Y/N): X PROOF OF DISPOSAL(Y/N): X

ANOTHER SOURCE (Y): X DELETE THIS SOURCE (Y): X REMARKS (Y): X

<http://policynet.ba.ssa.gov/msom.nsf/lrx/MSSICS013011>

Changes June 2007

- Changed [22-M] SET ASIDE FOR BURIAL OF to [23-M] MEETS EXCLUSION RELATIONSHIP (CLAIMANT, SPOUSE, LIVING WITH MOTHER, LIVING WITH FATHER).
- Changed [23-C] IF OTHER, NAME to [22-M] NAME FOR WHOM HELD.

SCREEN FACSIMILE 1:

```
MSSICS                OTHER RESOURCES                PAGE 1 OF ROTH
SSS-SS-SSSS  SSSSS SSSSSSSSSS                TRANSFER TO: XXXX
TYPE: 9  1=LIFE ESTATE OTHER THAN RESIDENCE      5=TRUST
          2=UNPROBATED ESTATE OTHER THAN RESIDENCE 6=RETIREMENT/PENSION FUND
          3=BELONGINGS HELD IN SAFE DEPOSIT BOX    7=MINERAL RIGHTS
          4=LIFE INSURANCE DIVIDEND ACCUMULATIONS  8=OTHER
IF OTHER, SPECIFY:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

DESCRIPTION:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
              XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

IF TYPE = 1, 2, 5, 7 OR 8      INCOME FROM PROPERTY (Y/N): X
IF TYPE = 5                    DISBURSEMENTS FROM TRUST (Y/N): X
IF TYPE = 5 OR 8              QUALIFIES AS MEDICAID TRUST (Y/N): X
IF TYPE = 4, 5, 6 OR 8      SET ASIDE FOR BURIAL (Y/N): X

CO-OWNED (Y/N): X                PASS EXCLUSION (Y/N): X

RESOURCE DISPOSAL AGREEMENT (Y/N): X    PROOF OF DISPOSAL (Y/N): X

ANOTHER SOURCE (Y): X          DELETE THIS SOURCE (Y): X          REMARKS (Y): X
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SCREEN FACSIMILE 2:

MSSICS PUBLIC MAINTENANCE/TITLE IV-D QUESTIONS PAGE 2 OF IMEN
SSS-SS-SSSS SSSSS SSSSSSSSSSS TRANSFER TO:

XXXX

01=(NAME RELATION SSSS) 04=(NAME RELATION SSSS) 07=(NAME REL SSSS)
02=(NAME RELATION SSSS) 05=(NAME RELATION SSSS) 08=(NAME REL SSSS)
03=(NAME RELATION SSSS) 06=(NAME RELATION SSSS) 09=(NAME REL SSSS)

(Y/N)

X HAVE ANY OF THE LISTED PEOPLE RECEIVED ANY OTHER INCOME?
02: 03: 04: 05: 06: 07: 08: 09:

PEOPLE SINCE THE FIRST MOMENT OF SS/01/SSSS, HAVE ANY OF THE LISTED

X RECEIVED OR EXPECT TO RECEIVE IN THE NEXT 14 MONTHS:
SOCIAL SECURITY
01: 02: 03: 04: 05: 06: 07: 08: 09:

X HAVE ANY OF THE LISTED PEOPLE RECEIVED AND EXPECT TO CONTINUE
RECEIVING WITHOUT INTERRUPTION THE PAYMENTS LISTED ABOVE?
02: 03: 04: 05: 06: 07: 08: 09:

X UNDER DOES ANYONE MAKE ANY SUPPORT PAYMENTS UNDER A COURT ORDER OR
TITLE IV-D?
02: 03: 04: 05: 06: 07: 08: 09:

SCREEN FACSIMILE 3:

MSSICS

INCOME MENU

PAGE 3 OF IMEN

SSS-SS-SSSS SSSSS SSSSSSSSSSS

TRANSFER TO:

XXXX

01=(NAME RELATION SSSS) 04=(NAME RELATION SSSS) 07=(NAME REL SSSS)

02=(NAME RELATION SSSS) 05=(NAME RELATION SSSS) 08=(NAME REL SSSS)

03=(NAME RELATION SSSS) 06=(NAME RELATION SSSS) 09=(NAME REL SSSS)

(Y/N)

CR WANTS TO DO FULL DEVELOPMENT

02: 03: 04: 05: 06: 07: 08: 09:

SCREEN FACSIMILE 4:

MSSICS

INCOME MENU

PAGE 4 OF IMEN

SSS-SS-SSSS SSSSS SSSSSSSSSSS

TRANSFER TO:

XXXX

SINCE THE FIRST MOMENT OF SS/01/SSSS, HAVE ANY OF THE FOLLOWING PEOPLE RECEIVED OR EXPECT TO RECEIVE INCOME IN THE NEXT 14 MONTHS FROM ANY OF THESE SOURCES:

01=(NAME RELATION SSSS) 04=(NAME RELATION SSSS) 07=(NAME REL SSSS)

02=(NAME RELATION SSSS) 05=(NAME RELATION SSSS) 08=(NAME REL SSSS)

03=(NAME RELATION SSSS) 06=(NAME RELATION SSSS) 09=(NAME REL SSSS)

(Y/N)

- X OTHER INCOME BASED ON NEED
01: 02: 03: 04: 05: 06: 07: 08: 09:
- X BLACK LUNG
01: 02: 03: 04: 05: 06: 07: 08: 09:
- X RAILROAD BOARD BENEFITS
01: 02: 03: 04: 05: 06: 07: 08: 09:
- X VA PAYMENTS NOT BASED ON NEED (PAID DIRECTLY OR INDIRECTLY AS A DEPENDENT)
01: 02: 03: 04: 05: 06: 07: 08: 09:
- X OFFICE OF PERSONNEL MANAGEMENT
01: 02: 03: 04: 05: 06: 07: 08: 09:
- X PENSION
01: 02: 03: 04: 05: 06: 07: 08: 09:

SCREEN FACSIMILE 5:

MSSICS

INCOME MENU

PAGE 5 OF IMEN

SSS-SS-SSSS SSSSS SSSSSSSSSSS

TRANSFER TO:

XXXX

SINCE THE FIRST MOMENT OF SS/01/SSSS, HAVE ANY OF THE FOLLOWING PEOPLE RECEIVED OR EXPECT TO RECEIVE INCOME IN THE NEXT 14 MONTHS FROM ANY OF THESE SOURCES:

01=(NAME RELATION SSSS) 04=(NAME RELATION SSSS) 07=(NAME REL SSSS)

02=(NAME RELATION SSSS) 05=(NAME RELATION SSSS) 08=(NAME REL SSSS)

03=(NAME RELATION SSSS) 06=(NAME RELATION SSSS) 09=(NAME REL SSSS)

(Y/N)

X	UNEMPLOYMENT COMPENSATION	01:	02:	03:	04:	05:	06:	07:	08:	09:
X	WORKERS' COMPENSATION	01:	02:	03:	04:	05:	06:	07:	08:	09:
X	INTEREST	01:	02:	03:	04:	05:	06:	07:	08:	09:
X	DIVIDENDS	01:	02:	03:	04:	05:	06:	07:	08:	09:
X	ROYALTIES/HONORARIA	01:	02:	03:	04:	05:	06:	07:	08:	09:
X	RENTAL/LEASE INCOME NOT FROM A TRADE OR BUSINESS	01:	02:	03:	04:	05:	06:	07:	08:	09:
X	ALIMONY	01:	02:	03:	04:	05:	06:	07:	08:	09:

SCREEN FACSIMILE 6:

MSSICS

INCOME MENU

PAGE 6 OF IMEN

SSS-SS-SSSS SSSSS SSSSSSSSSSS

TRANSFER TO:

XXXX

SINCE THE FIRST MOMENT OF SS/01/SSSS, HAVE ANY OF THE FOLLOWING PEOPLE RECEIVED OR EXPECT TO RECEIVE INCOME IN THE NEXT 14 MONTHS FROM ANY OF THESE SOURCES:

01=(NAME RELATION SSSS) 04=(NAME RELATION SSSS) 07=(NAME REL SSSS)
02=(NAME RELATION SSSS) 05=(NAME RELATION SSSS) 08=(NAME REL SSSS)
03=(NAME RELATION SSSS) 06=(NAME RELATION SSSS) 09=(NAME REL SSSS)

(Y/N)

X	CHILD SUPPORT	01:	02:	03:	04:	05:	06:	07:	08:	09:
X	OTHER BUREAU OF INDIAN AFFAIRS INCOME	01:	02:	03:	04:	05:	06:	07:	08:	09:
X	SICK PAY RECEIVED (UNEARNED)	01:	02:	03:	04:	05:	06:	07:	08:	09:
X	SICK PAY RECEIVED (EARNED)	01:	02:	03:	04:	05:	06:	07:	08:	09:
X	WAGES	01:	02:	03:	04:	05:	06:	07:	08:	09:
X	SELF-EMPLOYMENT INCOME PRIOR / CURRENT TAXABLE YEAR	01:	02:	03:	04:	05:	06:	07:	08:	09:
X	OTHER INC OR SUPPORT NOT PREVIOUSLY MENTIONED	01:	02:	03:	04:	05:	06:	07:	08:	09:

SCREEN FACSIMILE 7:

MSSICS

INCOME MENU

PAGE 7 OF IMEN

SSS-SS-SSSS SSSSS SSSSSSSSSSS

TRANSFER TO:

XXXX

01=(NAME RELATION SSSS) 04=(NAME RELATION SSSS) 07=(NAME REL SSSS)

02=(NAME RELATION SSSS) 05=(NAME RELATION SSSS) 08=(NAME REL SSSS)

03=(NAME RELATION SSSS) 06=(NAME RELATION SSSS) 09=(NAME REL SSSS)

Y/N Additional Questions:

X PASS INPUT NEEDED

01: 02: 03: 04: 05: 06: 07: 08: 09:

X SCHOOL INPUT NEEDED

01: 02: 03: 04: 05: 06: 07: 08: 09:

X BLIND COUNTABLE INCOME NEEDED (WELFARE CONVERSION)

01: 03:

X DISPLAY INCOME SUMMARY SCREEEN

01: 02: 03: 04: 05: 06: 07: 08: 09:

SCREEN FACSIMILE 8:

MSSICS

INCOME MENU

PAGE 1 OF IMEN

SSS-SS-SSSS SSSSS SSSSSSSSSSS

TRANSFER TO:

XXXX

SINCE THE FIRST MOMENT OF SS/01/SSSS, HAVE YOU RECEIVED OR EXPECT TO RECEIVE INCOME IN THE NEXT 14 MONTHS FROM ANY OF THESE SOURCES:

(Y/N)

- X SSI
- X STATE OR LOCAL ASSISTANCE BASED ON NEED
- X REFUGEE CASH ASSISTANCE
- X AFDC
- X GENERAL ASST FROM BUREAU OF INDIAN AFFAIRS
- X DISASTER RELIEF
- X VA BASED ON NEED (PAID DIRECTLY OR INDIRECTLY AS A DEPENDENT)
- X *HAVE YOU RECEIVED ANY OTHER INCOME
- X SOCIAL SECURITY
- X *HAVE YOU RECEIVED AND EXPECT TO CONTINUE RECEIVING WITHOUT INTERRUPTION THE PAYMENTS LISTED ABOVE
- X *Do you have any support payments under a court order or under title IV-D

*These questions can appear for an individual who was part of a multiple menu but will NOT appear for an individual who was not originally part of a multiple menu (i.e. claimant only).

SCREEN FACSIMILE 9:

MSSICS *INCOME MENU
SSS-SS-SSSS SSSSS SSSSSSSSSSS
XXXX

PAGE 2 OF IMEN
TRANSFER TO:

(Y/N)

CR WANTS TO DO FULL DEVELOPMENT

*This screen can appear for an individual who was part of a multiple menu but will NOT appear for an individual who was not originally part of a multiple menu (i.e. claimant only).

SCREEN FACSIMILE 10:

MSSICS

INCOME MENU

PAGE 3 OF IMEN

SSS-SS-SSSS SSSSS SSSSSSSSSSS

TRANSFER TO:

XXXX

SINCE THE FIRST MOMENT OF SS/01/SSSS, HAVE YOU RECEIVED OR EXPECT TO RECEIVE

INCOME IN THE NEXT 14 MONTHS FROM ANY OF THESE SOURCES:

(Y/N)

- X OTHER INCOME BASED ON NEED
- X BLACK LUNG
- X RAILROAD BOARD BENEFITS
- X VA PAYMENTS NOT BASED ON NEED (PAID DIRECTLY OR INDIRECTLY AS A DEPENDENT)
- X SOCIAL SECURITY
- X OFFICE OF PERSONNEL MANAGEMENT
- X PENSION
- X UNEMPLOYMENT COMPENSATION
- X WORKERS' COMPENSATION
- X INTEREST
- X DIVIDENDS
- X ROYALTIES/HONORARIA
- X RENTAL/LEASE INCOME NOT FROM A TRADE OR BUSINESS
- X ALIMONY

SCREEN FACSIMILE 11:

MSSICS

INCOME MENU

PAGE 4 OF IMEN

SSS-SS-SSSS SSSSS SSSSSSSSSSS

TRANSFER TO:

XXXX

SINCE THE FIRST MOMENT OF SS/01/SSSS, HAVE YOU RECEIVED OR EXPECT TO RECEIVE INCOME IN THE NEXT 14 MONTHS FROM ANY OF THESE SOURCES:

(Y/N)

- X CHILD SUPPORT
- X OTHER BUREAU OF INDIAN AFFAIRS INCOME
- X SICK PAY (UNEARNED)
- X SICK PAY (EARNED)
- X WAGES
- X SELF-EMPLOYMENT INCOME PRIOR / CURRENT TAXABLE YEAR
- X OTHER INC OR SUPPORT NOT PREVIOUSLY MENTIONED

SCREEN FACSIMILE 12:

MSSICS
SSS-SS-SSSS SSSSS SSSSSSSSSSS
XXXX

INCOME MENU

PAGE 5 OF IMEN
TRANSFER TO:

(Y/N) ADDITIONAL QUESTIONS:

- X PASS INPUT NEEDED
01:
- X SCHOOL INPUT NEEDED
01:
- X BLIND COUNTABLE INCOME (WELFARE CONVERSION)
01:
- X DISPLAY INCOME SUMMARY SCREEN:
01:

REMARKS (Y): X

MSSICS DEDUCTIONS
SSS-SS-SSSS SSSSS SSSSSSSSSSS
TRANSFER TO: XXXX

PAGE S OF IWAG

FROM	TO	BEFORE DEDUCTION AMOUNT	GARNISHED FOR COURT ORDERED OR IV-D SUPPORT AMOUNT:	OTHER DEDUCTION AMOUNT:
SS/SS	SS/SS	SSSSSSSSSS	99999999	99999999
SS/SS	SS/SS	SSSSSSSSSS	99999999	99999999
SS/SS	SS/SS	SSSSSSSSSS	99999999	99999999
SS/SS	SS/SS	SSSSSSSSSS	99999999	99999999
SS/SS	SS/SS	SSSSSSSSSS	99999999	99999999
SS/SS	SS/SS	SSSSSSSSSS	99999999	99999999
SS/SS	SS/SS	SSSSSSSSSS	99999999	99999999
SS/SS	SS/SS	SSSSSSSSSS	99999999	99999999
SS/SS	SS/SS	SSSSSSSSSS	99999999	99999999
SS/SS	SS/SS	SSSSSSSSSS	99999999	99999999

OTHER DEDUCTION AMOUNT REASON:
XX

MORE (Y): S

REMARKS (Y): X

MORE (Y): S

REMARKS (Y): X

<http://policynet.ba.ssa.gov/msom.nsf/lrx/MSSICS013013>

Changes June 2007

- RELATIONSHIP TO CLAIMANT [5-0] changed to MEETS EXCLUSION RELATIONSHIP (CLAIMANT, SPOUSE, MOTHER, FATHER, MOTHER'S SPOUSE, FATHER'S SPOUSE, CHILD, CHILD'S SPOUSE, SIBLING, SIBLING'S SPOUSE) (Y/N): X [5-M]
- Changed naming convention for field [4-M] NAME FOR WHOM HELD (separate input lines for first name, middle name, last name, and suffix)
- Removed field [6-0] IF OTHER, SPECIFY RELATIONSHIP.
- Changed all field numbers subsequent to IF OTHER, SPECIFY RELATIONSHIP down by 1.

SCREEN FACSIMILE 1:

MSSICS BURIAL SPACES AND RELATED ITEMS PAGE 1 OF RBSI
SSS-SS-SSSS SSSSS SSSSSSSSS TRANSFER TO: XXXX

SELECT ITEM: 9 1=CEMETERY LOT 2=CRYPT 3=CASKET 4=URN
 5=HEADSTONE 6=MARKER 7=OTHER

IF OTHER, SPECIFY: XX

NAME FOR WHOM HELD: XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX XXXX

MEETS EXCLUSION RELATIONSHIP (CLAIMANT, SPOUSE, MOTHER, FATHER, MOTHER'S SPOUSE, FATHER'S SPOUSE, CHILD, CHILD'S SPOUSE, SIBLING, SIBLING'S SPOUSE) (Y/N): X

CO-OWNED (Y/N): X

RESOURCE DISPOSAL AGREEMENT(Y/N): X PROOF OF DISPOSAL(Y/N): X

ANOTHER SOURCE (Y): X DELETE THIS SOURCE (Y): X REMARKS (Y): X

Changes June 2007

- Changed [22-M] SET ASIDE FOR BURIAL OF to [23-M] MEETS EXCLUSION RELATIONSHIP (CLAIMANT, SPOUSE, LIVING WITH MOTHER, LIVING WITH FATHER).
- Changed [23-C] IF OTHER, NAME to [22-M] NAME FOR WHOM HELD.

SCREEN FACSIMILE 1:

MSSICS FINANCIAL INSTITUTION ACCOUNTS PAGE 1 OF RFIA
SSS-SS-SSSS SSSSS SSSSSSSSSS TRANSFER TO: XXXX
TYPE OF ACCOUNT: 9 1=CHECKING 5=TIME DEPOSIT
2=SAVINGS 6=INDIVIDUAL INDIAN MONEY ACCOUNT
3=CREDIT UNION 7=OTHER
4=CHRISTMAS CLUB
IF OTHER, SPECIFY: XX
EARNs INTEREST (Y/N): X
ACCOUNT NUMBER: 99999999999999999999
INSTITUTION NAME: XX
ADDRESS: XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX
CO-OWNED (Y/N): X SET ASIDE FOR BURIAL (Y/N): X PASS EXCLUSION (Y/N): X
RESOURCE DISPOSAL AGREEMENT (Y/N): X PROOF OF DISPOSAL (Y/N): X
ANOTHER SOURCE (Y): X DELETE THIS SOURCE (Y): X REMARKS (Y): X

