

CERTIFICATE OF ELECTION FOR REDUCED WIDOW(ER)'S AND SURVIVING DIVORCED SPOUSE'S BENEFITS

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| 1. Print Name of Wage Earner or Self-Employed Person <i>(Hereafter called "Worker")</i> | Enter His or Her Social Security Number |
| 2. Print Your Full Name <i>(First name, middle initial, last name)</i> | Ent |

Removing the gender specific language "His or Her".
Replacing with "Wage Earner's"

INFORMATION ABOUT REDUCED WIDOW(ER)'S AND SURVIVING DIVORCED SPOUSE'S BENEFITS

The law requires that you complete and return this Certificate of Election if you wish to receive a reduced ~~widow's, widower's~~ or surviving divorced spouse's benefit and are at least age 62 and under full retirement age (FRA).

The following will affect the amount of your benefit:

- The month and year you elect to begin to receive benefits will determine the amount of your m continue at a reduced rate even after you reach FRA.
- Depending on your date of birth, the rate of reduction applied to your benefit amount can range from 19/40 to 19/56 of 1 percent times the number of months from the start of the reduced benefits until the month you reach FRA.
- If another beneficiary is entitled to a monthly survivor benefit on this Social Security number, your benefit may be reduced by the total family benefit payable in the month. The benefit paid to a surviving divorced spouse will not affect the benefit amount paid to other family members who receive benefits on the same record.

Removing "widow's"/"widower's".
Replacing with "widow(er)'s".

INFORMATION ON HOW BENEFITS ARE AFFECTED IF THE DECEASED WORKER RECEIVED REDUCED RETIREMENT BENEFITS

If the deceased worker received retirement benefits before FRA, the maximum survivor's benefit is limited to the higher amount that the deceased worker would have received if still alive or 82.5 percent of the deceased worker's unreduced benefit. Because of this limit, delaying receipt of reduced benefits will not necessarily increase the monthly benefit amount payable. We will review your selection in item 3 below to make sure that the month selected maximizes your benefit amount.

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|---|-------|------|
| 3. I elect to accept permanently reduced benefits as provided in Section 202(q) of the Social Security Act, beginning with | MONTH | YEAR |
| The selected month can be the month the deceased worker died or any month before you reach FRA (provided that the month you choose is within the past 12 months). | | |

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.

| | |
|---|--------------------------------------|
| Signature <i>(First name, middle initial, last name) (Write in ink)</i> | Date <i>(Month, day, year)</i> |
| | Telephone Number (include area code) |

| | |
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| Mailing Address <i>(Number and street, Apt. No., P.O. Box, or Rural Route)</i> | |
| City and State | ZIP Code |

Witnesses are required ONLY if this certificate has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the person completing this certificate must sign below, giving their full addresses.

| | |
|--|--|
| 1. Signature of Witness | 2. Signature of Witness |
| Address <i>(Number and street, City, State and ZIP Code)</i> | Address <i>(Number and street, City, State and ZIP Code)</i> |

Privacy Act Statement

See Revised Privacy Act & PRA Statements attached.

Collection and Use of Personal Information

~~Section 202 of the Social Security Act, as amended, allows us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information could prevent us from making an accurate and timely decision on your claim for benefits.~~

~~We will use this information to determine your eligibility for reduced benefits as a widow(er) or a surviving divorced spouse. We may also share the information for the following purpose, called routine uses:~~

- ~~• To third party contacts where necessary to establish or verify information provided by representative payees or applicants; and~~
- ~~• To contractors and other Federal agencies, as necessary, for the purpose of assisting Social Security Administration in the efficient administration of its programs.~~

~~In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.~~

~~A list of additional routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0089, entitled Claims Folders System, as published in the Federal Register (FR) on April 1, 2003, at 68 FR 15784. Additional information, and a full listing of all of our SORNs, is available on our website at www.ssa.gov/privacy.~~

~~Paperwork Reduction Act Statement~~ ~~This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. 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 2 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. You can find your local Social Security office through SSA's website at www.socialsecurity.gov. Offices are also listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778).** You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. **Send only comments relating to our time estimate to this address, not the completed form.**~~