

STATEMENT OF CLAIMANT OR OTHER PERSON

NAME OF RAILROAD EMPLOYEE	SOCIAL SECURITY NUMBER OF RAILROAD EMPLOYEE
NAME OF CLAIMANT (If other than railroad employee)	RR RETIREMENT ANNUITY CLAIM NUMBER (If different from SS Number)
RELATIONSHIP TO CLAIMANT OF PERSON MAKING STATEMENT	NAME OF PERSON MAKING STATEMENT (If other than claimant)

PLEASE READ THE "IMPORTANT NOTICES" ON THE NEXT PAGE

Understanding that this statement is for the use of the Railroad Retirement Board (RRB), I hereby certify that:

() If additional space is needed, mark an "X" and continue on the next page.

CERTIFICATION

I understand that civil and criminal penalties may be imposed on me for false or fraudulent statements, or for withholding information to cause or prevent payment of benefits by the RRB. I affirm that to the best of my knowledge, the information I have given is true, complete, and correct.

SIGNATURE OF PERSON MAKING STATEMENT (First Name, Middle Initial, Last Name) (Write in Ink)	DATE (Month, Day, Year)
SIGN HERE	TELEPHONE NUMBER (Include Area Code)

MAILING ADDRESS (Number and Street, Apt., No., P.O. Box, Rural Route)

CITY, STATE, AND ZIP CODE

If this statement is signed by mark "X," two witnesses who know the person signing must sign below, giving their full addresses.

1. SIGNATURE OF WITNESS	2. SIGNATURE OF WITNESS
ADDRESS (Number and Street, City, State, and ZIP Code)	ADDRESS (Number and Street, City, State, and ZIP Code)

