UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

CURRENT

APPLICATION FOR CHILD'S ANNUITY

Section 1   General Instructions

Before you complete this application, be sure to read booklet RB-17, Survivor Annuities, which explains information you will need to answer many of the questions in this application. Also be sure to read the important notices at the end of the booklet.

If filing for a child's disability also complete Form AA-19a. If filing for a student's annuity also complete Form G-315.

Type or print legibly in ink. If you need more space than is provided to answer a question, use Section 10 for this purpose. If you do not know the answer to a question, print "Unknown" in the space provided for the answer.

When entering dates, always use numbers. Also, be sure there is one number in each box. For example, you would enter July 7, 2018, as:

MONTH	DAY	YEAR
0 7	0 7	2 0 1 8

Some items in this application will not apply to you so you will not need to answer them. Based on your answer to a question, you may be told to skip to another item number, or even another section. Follow the instructions that tell you to "Go to" another item. These are designed to save you time and help you move through the application form quickly, filling in only necessary information. **If no "Go to" instructions are given, answer the next item in order. Do not skip any items unless directed to do so.**

If you are completing this application on behalf of the child, you must answer each question as it applies to **the child.**

Section 2   Identifying Information

Check the information entered by the Railroad Retirement Board (RRB) for Items 1 through 6 for accuracy.
➤ If the information is correct, **go to Section 3.**
➤ If the information is not correct, cross out the incorrect information and enter the correct information above it.
➤ If the information is missing, fill it in.

Employee Identification		
	1 EMPLOYEE'S NAME ⟶	
	2 EMPLOYEE'S SOCIAL SECURITY NUMBER ⟶	
	3 EMPLOYEE'S RAILROAD RETIREMENT CLAIM NUMBER ⟶	

Applicant Identification		
	4 APPLICANT'S NAME ⟶	
	5 a STREET ADDRESS ⟶	
	b CITY AND STATE ⟶	
	c ZIP CODE ⟶	
	d COUNTY ⟶	
	6 DAYTIME TELEPHONE NUMBER ⟶	

Section 3	**Information About The Employee**

If a railroad retirement survivor benefit was previously received by someone, **go to Section 4**; otherwise **go to Item 7.**

		Month	Day	Year
Birth Date	7 Enter the employee's date of birth.			

Residence	8 Enter the state (or country if other than United States) which was the employee's permanent home at the time of death.

If the employee was age 62 or older when he or she died, **go to Item 10.**

Disability	9 Enter an "X" in the appropriate box: The employee was unable to work at the time of death because of an illness or accident which occurred at least five months before death.	☐ Yes ☐ No

Military Service	Please read the section *"Credit for Employee's Military Service"* in the RB-17 booklet to find out how active military service is determined.

	10 Enter an "X" in the appropriate box: The employee was in active military service after September 7, 1939.	☐ Yes ⟶ **Go to Note and Item 11** ☐ No ⟶ **Go to Item 13**

> **Note:** *If answered "Yes," you will have to submit proof of the employee's military service. If you cannot submit proof, show the branch of the service and the beginning and ending dates for each period of service in Section 10.*

	11 Enter an "X" in the appropriate box: The employee had voluntary military service during the period June 15, 1948, through December 15, 1950.	☐ Yes ⟶ **Go to Item 12** ☐ No ⟶ **Go to Item 13**
	12 Enter an "X" in the appropriate box: The employee had nonrailroad earnings after leaving the military service and before returning to the railroad.	☐ Yes ☐ No

Recent Employment	13 Regardless of whether the employee was retired at death, show the name and address of each railroad or non-railroad employer for whom the employee performed any part-time or full-time work during the last **3 years** he or she worked. Print the name and address of the most recent employer in **a,** the second in **b,** and so on. Enter the date each job began and ended.

Name and Address of Employer

	Began		Ended	
a. Name	Month	Year	Month	Year
Street Address City, State & ZIP Code				
b. Name	Month	Year	Month	Year
Street Address City, State & ZIP Code				
c. Name	Month	Year	Month	Year
Street Address City, State & ZIP Code				

Self-Employment	14 Enter an "X" in the appropriate box: The employee was self-employed during any of the last three calendar years.	☐ Yes ⟶ **Go to Item 15** ☐ No ⟶ **Go to Item 17**
	15 Enter an "X" in the appropriate box: The employee's net earnings from self-employment were more than $400 in any of the last three calendar years.	☐ Yes ⟶ **Go to Item 16** ☐ No ⟶ **Go to Item 17**
	16 Enter an "X" in the appropriate box(es) to show the year or years in which the employee's net earnings from self-employment were more than $400.	☐ This year ☐ Last year ☐ Year before last

Railroad Employment	Answer Items 17 and 18 **only** if the employee was alive on October 1, 1981, and he or she had at least 25 years of railroad service; otherwise **go to Item 19**.
	Please read the section *"Requirements The Employee Must Have Met"* in the RB-17 booklet to find out what special conditions may apply if the employee was alive on October 1, 1981, and had at least 25 years of railroad service.

Note: *You may be requested to submit proof to verify the statements made in Items 17 and 18.*

17 Enter an "X" in the appropriate box: The employee "involuntarily and without fault": ● stopped working for his or her last railroad employer on or after October 1, 1975, **or** ● was on furlough, leave of absence status, or absent because of injury on October 1, 1975, and was never called back to work for that employer.	❑ Yes ⟶ **Go to Item 18** ❑ No ⟶ **Go to Item 19**
18 Enter an "X" in the appropriate box: The employee declined an offer from a railroad employer to return to a job in the same "class or craft" as his or her last railroad job.	❑ Yes ❑ No

Employee's Marriages

19 Print the requested information for **each** of the employee's marriages. Print the most recent in **a**, the second most recent in **b**, and so on.

Name of Employee's Wife or Husband (if wife, include maiden name)	Date Married			City and State Married (country if other than United States)	How Marriage Ended (Check One)	Answer if Marriage Ended for Reason Other than Employee's Death			
						Date Marriage Ended			City and State Marriage Ended (country if other than United States)
	Month	Day	Year			Month	Day	Year	
a					❑ Employee's Death ❑ Spouse's Death ❑ Divorce ❑ Annulment				
b	Month	Day	Year		❑ Employee's Death ❑ Spouse's Death ❑ Divorce ❑ Annulment	Month	Day	Year	
c	Month	Day	Year		❑ Employee's Death ❑ Spouse's Death ❑ Divorce ❑ Annulment	Month	Day	Year	

Widow(er)	Please read the section *"Definition Of A Widow(er)'s Annuity"* in the RB-17 booklet to find out what categories of widow(er) may be eligible for a railroad retirement annuity.
	20 Enter an "X" in the appropriate box: There is a widow(er), remarried widow(er), or surviving divorced spouse who may be eligible for a widow(er)'s annuity. ❑ Yes ❑ No

Parents	21 Enter an "X" in the appropriate box: The employee was survived by a parent.	❑ Yes ⟶ **Go to Item 22** ❑ No ⟶ **Go to Section 4**
	22 Enter an "X" in the appropriate box: The parent was dependent on the employee for one-half of his or her support.	❑ Yes ⟶ **Go to Item 23** ❑ No ⟶ **Go to Section 4**

23 Print the requested information for each dependent parent of the employee.

Name of Parent	Date of Birth			Address and Telephone Number
	Month	Day	Year	
a				Address Telephone Number (include area code) ( )
b	Month	Day	Year	Address Telephone Number (include area code) ( )

Form **AA-19** (11-18)

Section 4 — Information About Children

Please read the section *"Definition Of A Child's Annuity"* in the RB-17 booklet to find out what categories of children may be eligible for a railroad retirement annuity.

Children

24 Print the requested information for **every** child for whom you are filing this application who may be entitled to a child's annuity. Print the youngest child in **a,** the second youngest in **b**, and so on. If a child does not have a social security number, enter **"TO BE SUBMITTED."**

> **Note***: If Stepchild or Grandchild is checked below, you must also complete Form G-139, Statement Regarding Contributions and Support of Children.*

Child's Full Name and Social Security Number	Relationship to Employee (Check One)	Date of Birth			Enter an "X" in the appropriate box: The Child is Living with Me
		Month	Day	Year	
a	❑ Natural ❑ Adopted ❑ Stepchild ❑ Grandchild ❑ Other				❑ Yes ❑ No
b	❑ Natural ❑ Adopted ❑ Stepchild ❑ Grandchild ❑ Other				❑ Yes ❑ No
c	❑ Natural ❑ Adopted ❑ Stepchild ❑ Grandchild ❑ Other				❑ Yes ❑ No
d	❑ Natural ❑ Adopted ❑ Stepchild ❑ Grandchild ❑ Other				❑ Yes ❑ No
e	❑ Natural ❑ Adopted ❑ Stepchild ❑ Grandchild ❑ Other				❑ Yes ❑ No

If **every** child in Item 24 is living with you, **go to Item 26.**

Children Not Living With Applicant

25 Print the requested information for **every** child in Item 24 who is not living with you. Print the youngest in **a.**

First Name of Child	Child's Address	Person with Whom Child is Living	
		Name	Relationship to Child
a			
b			

Legal Guardian

26 Enter an "X" in the appropriate box:
A court has appointed a legal guardian for a child in Item 24.

❑ Yes ⟶ **Go to Item 27**
❑ No ⟶ **Go to Item 28**

27 Print the requested information for **every** child in Item 24 who has a court-appointed legal guardian. Print the youngest child in **a,** etc.

First Name of Child	Name and Address of Guardian
a	
b	

Married Children	28 Enter an "X" in the appropriate box: One or more of the children in Item 24 is or has been married.	❏ Yes ⟶ **Go to Item 29** ❏ No ⟶ **Go to Item 30**

29 Print the requested information for **every** child in Item 24 who has ever been married. Print the youngest child in **a.**

Child's Married Name	Date Married				Date Marriage Ended if applicable			
a	Month	Day	Year		Month	Day	Year	
b	Month	Day	Year		Month	Day	Year	

Grand-Children, Other Children

If "Natural" or "Adopted" was checked for **every** child in Item 24, **go to Item 32.**

30 Enter an "X" in the appropriate box: **Every** "Grandchild" or "Other Child" in Item 24 was living with the employee at the time the employee died.	❏ Yes ⟶ **Go to Item 32** ❏ No ⟶ **Go to Item 31**

31 Print the requested information for **every** "Grandchild" or "Other Child" in Item 24 who was not living with the employee at the time the employee died. Print the youngest child in **a**, etc.

First Name of Child	Person with Whom Child Lived at the Time the Employee Died		
	Name	Address	Relationship to Child
a			
b			

Children For Whom You Are Not Filing

32 Enter an "X" in the appropriate box: There is a child for whom I am not filing this application who may be entitled to a child's annuity.	❏ Yes ⟶ **Go to Item 33** ❏ No ⟶ **Go to Item 34**

33 Print the requested information for **every** child for whom you are not filing an application who may be entitled to a child's annuity. Print the youngest child in **a,** the next youngest in **b,** and so on.

Child's Full Name	Reason for Not Filing
a	
b	
c	

Section 5	**Information About The Applicant**

Identification	34 Enter an "X" in the appropriate box: I am a child filing for myself.	❏ Yes ⟶ **Go to Item 39** ❏ No ⟶ **Go to Item 35**
Relationship	35 Print your relationship to the youngest child in Item 24.	
	36 Enter an "X" in the appropriate box: My relationship to **every** child in Item 24 is the same.	❏ Yes ⟶ **Go to Item 38** ❏ No ⟶ **Go to Item 37**

Form **AA-19** (11-18)

Relationship Cont.	37 Print the requested information for **every** child for whom your relationship differs.	
	Child's Name	Your Relationship to Child
	a	
	b	
	c	

Social Security Number	38 Enter your social security number if you are the parent of at least one child in Item 24.								

Criminal Offense	39 Enter an "X" in the appropriate box: Within the past 12 months, a child named in Item 24 has been imprisoned or given a sentence of confinement due to a conviction for a criminal offense.	❑ Yes ⟶ **Go to Item 40** ❑ No ⟶ **Go to Section 6**

40 Enter the date of the conviction.	Month	Day	Year

41 Enter the date of the sentence of confinement.	Month	Day	Year

42 Enter the date that confinement began.	Month	Day	Year

43 Enter an "X" in the appropriate box: Has the confinement ended?	❑ Yes ⟶ **Go to Item 44** ❑ No ⟶ **Go to Section 6**

44 Enter the date confinement ended.	Month	Day	Year

Section 6	**Information About Applicant's Other Government Benefits**

When answering Items 45 through 52, consider only the children listed in Item 24.

Social Security Benefits— Filed For	45 Enter an "X" in the appropriate box: An application has been filed for benefits under the Social Security Act for **any** child.	❑ Yes ⟶ **Go to Item 46** ❑ No ⟶ **Go to Item 47**

46 Print the requested information for **every** child for whom a social security application has been filed. Use as many lines as needed beginning with **a.**

Child's Name	Person Whose Record was Filed On	Social Security Number Filed On
a		
b		
c		

Social Security Benefits— Future Filing	47 Enter an "X" in the appropriate box: An application will be filed in the future for benefits under the Social Security Act for **any** child.	❑ Yes ⟶ **Go to Item 48** ❑ No ⟶ **Go to Item 50**
	48 Print the name of the person on whose record the child will file.	
	49 Enter that person's social security number.	

Railroad Retirement Benefits	50 Enter an "X" in the appropriate box: An application has been filed or will be filed for monthly railroad retirement benefits for **any** child based on someone other than the employee.	❑ Yes ⟶ **Go to Item 51** ❑ No ⟶ **Go to Section 7**

Railroad Retirement Benefits Cont.	51	Print the name of the person on whose record the application has been filed or will be filed.			
	52	Enter that person's Railroad Retirement Board claim number, including the letter prefix.	Prefix		If only six numbers, enter here

Section 7 — Information About Work And Earnings

Please read the section *"How Earnings Affect An Annuity"* in the RB-17 booklet to find out how work and earnings can affect a child's annuity. Also, please refer to **Form G-77, How Earnings Affect Payment of Survivor Annuities**, for the exempt amounts to use when answering Items 53 through 58.

When answering Items 53 through 60, consider only the children listed in Item 24.

Answer Items 53 and 54 **only** if the employee died before January 1 of this year.

Earnings Last Year

_____
(Year)

53 Enter an "X" in the appropriate box:
The total earnings of **any** child for **all** employment last year were more than the annual earnings exempt amount shown on Form G-77.

❑ Yes ⟶ **Go to Item 54**
❑ No ⟶ **Go to Item 55**

54 Print the requested information for **every** child whose total earnings for last year were more than the annual earnings exempt amount shown on Form G-77. Use as many lines as needed beginning with **a.**

a

1 Child's Name

2 Total Earnings for Last Year (Show Dollars Only)
$

3 Enter an "X" in the appropriate box:
Did the child earn more than the monthly earnings exempt amount in employment for hire or perform substantial services in self-employment in every month last year?

❑ Yes
❑ No

4 Enter an "X" next to **each** month last year in which the child did not earn more than the monthly earnings exempt amount or perform substantial services in self-employment.

| JAN | FEB | MAR | APR | MAY | JUN |
| JUL | AUG | SEP | OCT | NOV | DEC |

b

1 Child's Name

2 Total Earnings for Last Year (Show Dollars Only)
$

3 Enter an "X" in the appropriate box:
Did the child earn more than the monthly earnings exempt amount in employment for hire or perform substantial services in self-employment in every month last year?

❑ Yes
❑ No

4 Enter an "X" next to **each** month last year in which the child did not earn more than the monthly earnings exempt amount or perform substantial services in self-employment.

| JAN | FEB | MAR | APR | MAY | JUN |
| JUL | AUG | SEP | OCT | NOV | DEC |

c

1 Child's Name

2 Total Earnings for Last Year (Show Dollars Only)
$

3 Enter an "X" in the appropriate box:
Did the child earn more than the monthly earnings exempt amount in employment for hire or perform substantial services in self-employment in every month last year?

❑ Yes
❑ No

4 Enter an "X" next to **each** month last year in which the child did not earn more than the monthly earnings exempt amount or perform substantial services in self-employment.

| JAN | FEB | MAR | APR | MAY | JUN |
| JUL | AUG | SEP | OCT | NOV | DEC |

Earnings This Year

_____
(Year)

55 Enter an "X" in the appropriate box:
The total earnings of **any** child for **all** employment this year will be more than the annual earnings exempt amount.

❑ Yes ⟶ **Go to Item 56**
❑ No ⟶ **Go to Item 57**

Form **AA-19** (11-18)

Earnings This Year Cont.	56	Print the requested information for **every** child whose total earnings for this year are expected to be more than the annual earnings exempt amount. Use as many lines as needed beginning with **a.**		

	a	1 Child's Name	2 Total Earnings for This Year (Show Dollars Only) $

		3 Enter an "X" in the appropriate box: Did the child earn more than the monthly earnings exempt amount in employment for hire or perform substantial services in self-employment in every month this year?	☐ Yes ☐ No

4 Enter an "X" next to **each** month this year in which the child did not, or does not expect to, earn more than the monthly earnings exempt amount or perform substantial services in self-employment.

| ☐ JAN | ☐ FEB | ☐ MAR | ☐ APR | ☐ MAY | ☐ JUN |
| ☐ JUL | ☐ AUG | ☐ SEP | ☐ OCT | ☐ NOV | ☐ DEC |

	b	1 Child's Name	2 Total Earnings for This Year (Show Dollars Only) $

		3 Enter an "X" in the appropriate box: Did the child earn more than the monthly earnings exempt amount in employment for hire or perform substantial services in self-employment in every month this year?	☐ Yes ☐ No

4 Enter an "X" next to **each** month this year in which the child did not, or does not expect to, earn more than the monthly earnings exempt amount or perform substantial services in self-employment.

| ☐ JAN | ☐ FEB | ☐ MAR | ☐ APR | ☐ MAY | ☐ JUN |
| ☐ JUL | ☐ AUG | ☐ SEP | ☐ OCT | ☐ NOV | ☐ DEC |

	c	1 Child's Name	2 Total Earnings for This Year (Show Dollars Only) $

		3 Enter an "X" in the appropriate box: Did the child earn more than the monthly earnings exempt amount in employment for hire or perform substantial services in self-employment in every month this year?	☐ Yes ☐ No

4 Enter an "X" next to **each** month this year in which the child did not, or does not expect to, earn more than the monthly earnings exempt amount or perform substantial services in self-employment.

| ☐ JAN | ☐ FEB | ☐ MAR | ☐ APR | ☐ MAY | ☐ JUN |
| ☐ JUL | ☐ AUG | ☐ SEP | ☐ OCT | ☐ NOV | ☐ DEC |

Earnings Next Year _____ (Year)	57	Enter an "X" in the appropriate box: The total earnings of **any** child for **all** employment next year will be more than this year's annual earnings exempt amount.	☐ Yes ⟶ **Go to Item 58** ☐ No ⟶ **Go to Item 59**

	58	Enter the requested information for **every** child whose total earnings for next year are expected to be more than the annual earnings exempt amount. Use as many blanks as needed beginning with **a.**

	Child's Name	Expected Earnings Next Year (Show Dollars Only)
a		$
b		$
c		$

Railroad Work	59 Enter an "X" in the appropriate box: **Any** child who has worked for a railroad or other employer in the railroad industry.	❑ Yes ⟶ **Go to Item 60** ❑ No ⟶ **Go to Section 8**

60 Print the requested information for **every** child who has worked for a railroad or other employer in the railroad industry. Use as many lines as are needed beginning with **a.**

a

1 Child's Name	2 Railroad Employer

3 Date Last Worked	Month	Day	Year	

4 Enter an "X" next to **each** month in this year during which the child worked for an employer in the railroad industry.

☐ JAN	☐ FEB	☐ MAR	☐ APR	☐ MAY	☐ JUN
☐ JUL	☐ AUG	☐ SEP	☐ OCT	☐ NOV	☐ DEC

5 If you expect the annuity to begin before January 1st of this year, enter an "X" next to each month of the last year during which the child worked for an employer in the railroad industry.

☐ JAN	☐ FEB	☐ MAR	☐ APR	☐ MAY	☐ JUN
☐ JUL	☐ AUG	☐ SEP	☐ OCT	☐ NOV	☐ DEC

b

1 Child's Name	2 Railroad Employer

3 Date Last Worked	Month	Day	Year	

4 Enter an "X" next to **each** month in this year during which the child worked for an employer in the railroad industry.

☐ JAN	☐ FEB	☐ MAR	☐ APR	☐ MAY	☐ JUN
☐ JUL	☐ AUG	☐ SEP	☐ OCT	☐ NOV	☐ DEC

5 If you expect the annuity to begin before January 1st of this year, enter an "X" next to each month of the last year during which the child worked for an employer in the railroad industry.

☐ JAN	☐ FEB	☐ MAR	☐ APR	☐ MAY	☐ JUN
☐ JUL	☐ AUG	☐ SEP	☐ OCT	☐ NOV	☐ DEC

c

1 Child's Name	2 Railroad Employer

3 Date Last Worked	Month	Day	Year	

4 Enter an "X" next to **each** month in this year during which the child worked for an employer in the railroad industry.

☐ JAN	☐ FEB	☐ MAR	☐ APR	☐ MAY	☐ JUN
☐ JUL	☐ AUG	☐ SEP	☐ OCT	☐ NOV	☐ DEC

5 If you expect the annuity to begin before January 1st of this year, enter an "X" next to each month of the last year during which the child worked for an employer in the railroad industry.

☐ JAN	☐ FEB	☐ MAR	☐ APR	☐ MAY	☐ JUN
☐ JUL	☐ AUG	☐ SEP	☐ OCT	☐ NOV	☐ DEC

Section 8   Filing Date

Answer only if you are disabled or otherwise eligible for social security disability or survivor benefits **and** you have not filed an application for such benefits.

Filing Protection	61 Enter an "X" in the appropriate box: I also want this application used to protect my filing date for social security benefits.	❑ Yes ❑ No

Form **AA-19** (11-18)

Section 9   Receiving Your Payments

All applicants filing for RRB benefits must choose to receive their annuity payments either:

- By **Direct Deposit** to a bank, savings and loan, credit union or other financial institution; or
- Into a **Direct Express® Debit MasterCard®** account.

Please read Part VII of the **RB-17** booklet for an explanation of Direct Deposit and the Direct Express® Debit MasterCard®.

Payment Options	62 Enter an "X" in the appropriate box to indicate how you want to receive your payments.	❑ Direct Deposit - **Go to Item 63** ❑ Direct Express® Debit MasterCard® **Go to Section 10** ❑ Neither Direct Deposit nor Direct Express® Debit MasterCard® - **Go to Section 10**

Direct Deposit

To provide the information we need to correctly deposit your payments by Direct Deposit, either attach a voided personal check and **go to Section 10**, or call your financial institution for the information you need to complete Items 63 through 67 below.

63 Enter the name of your financial institution.

64 Enter the telephone number of your financial institution.

       Area Code   Telephone Number

65 Enter the routing transit number of your financial institution.

66 Enter your account number.

67 Enter an "X" in the appropriate box:
Type of account for the above account number.

❑ Checking

❑ Savings

Go To Section 10

Section 10   Remarks

Remarks

68 This section is to be used for the continuation of answers to other items. Be sure to include the item number at the beginning of the answer you wish to continue. You may also use this section to enter any additional information that you feel may be important to include.

Section 11	Certification

Certification	69 Enter an "X" in the appropriate box: I will have a guardian or other representative sign this application on my behalf.	❏ Yes ⟶ **Go to Note and Item 70** ❏ No ⟶ **Go to Item 70**

> **Note***: If answered "Yes," your guardian or other representative must sign this application. That person must also complete and return **Form AA-5, Application for Substitution of Payee.***

70 I certify that the information I gave the Railroad Retirement Board (RRB) on this application is true to the best of my knowledge. I know that if I make a false or fraudulent statement or withhold information in order to receive benefits from the RRB, I am committing a crime under Federal law which may be punishable by fines, imprisonment, or both. I have received and reviewed the booklets, **RB-17,** *Survivor Annuities* and **RB-9s,** *Events That Affect A Survivor Annuity*. I understand that I am responsible for reporting events that would affect my annuity as explained in the booklets.

I agree to immediately notify the RRB:

- If I / any child marries;
- If I / any child over age 18 ceases to attend school full time;
- If an application is filed for social security benefits on any person's earnings record;
- If I / any child goes to work for a railroad, railroad labor organization or work in any capacity in the railroad industry;
- If I / any child will earn more than the annual earnings exempt amount, and it was not reported on the application;
- If the reported earnings estimate changes;
- If my address changes;
- If my financial organization or the account number at my financial organization changes;
- If any child for whom I am receiving benefits dies or leaves my care;
- If I am, or any child is, confined in a jail, prison, penal institution, or correctional institution due to a conviction for a criminal offense.

Signature
(First Name, Middle Initial,
Last Name) ▶

Month	Day	Year

Date ▶

71 If this certification is signed by mark ("X") in Item 70, two witnesses who know the person signing must sign below, giving their full addresses and daytime telephone numbers.

a. Signature of Witness

Address (Number and Street)

City, State, and ZIP Code

Daytime Telephone Number	Area Code	Telephone Number

b. Signature of Witness

Address (Number and Street)

City, State, and ZIP Code

Daytime Telephone Number	Area Code	Telephone Number

Form **AA-19** (11-18)

Section 12   How To Return Your Application

Before you return your application, check to make sure that:

▶   *Every* question that applies to you has been answered.

▶   You have entered "unknown" in *any* answer space for which you were unable to answer a question.

▶   You have signed and dated the application.

▶   You have included *all* the needed proofs listed in the letter you received with this application.

When you received the child's application, you should also have received a pre-addressed return envelope. If you do not have this envelope, you can use any envelope as long as it is addressed to the RRB office serving your location. No matter which envelope you use, you must put the correct postage on the envelope. Be careful to provide enough postage, because your application and the accompanying forms may weigh more than a standard letter. The U.S. Postal Service will not deliver your application unless it has the correct postage.

Make one final check before you seal the envelope to ensure that the following are enclosed:

▶   NEEDED PROOFS

▶   THE APPLICATION FORM ITSELF

▶   ADDITIONAL FORMS YOU WERE ASKED TO COMPLETE

Note: *After the RRB receives the child's application, a receipt form with information about the claim will be sent to you. When you receive it, you will know that the RRB has received the application and has started the work needed to determine if the child is entitled to benefits. If you do not receive the receipt within two weeks after you have filed this application, please contact us so we can find out what is causing the delay.*