

SECOND REQUEST

**Statement of Care and
Responsibility for Annuitant**

Rep Payee Name

RRB Claim Number

1. Enter the date the annuitant began living with you.

Month	Day	Year

2. a. If the annuitant is not living with you, provide the date the annuitant stopped living with you and complete Item 2b.

Month	Day	Year

b. Provide the name, address, and telephone number of the person with whom the annuitant is living.

3. a. Do you believe the annuitant is now capable of managing or directing the management of benefits in his or her best interest?