

<b>Certification of Termination of Service and Relinquishment of Rights</b>	RRB Claim Number
Applicant's Name and Address	<b>For RRB Use Only</b>
	Application filed on date: Form G-88A.2 was mailed to:

**Paperwork Reduction Act and Privacy Act Notices**

The Railroad Retirement Board (RRB) is authorized to collect the following information under section 7(b)(6) of the Railroad Retirement Act (RRA). This information is needed to determine your eligibility to an annuity under the RRA and the amount of that annuity. You are not required to furnish this information, but if you do not, we may not be able to pay you any benefits.

We estimate this form takes an average of 6 minutes to complete, including the time for reviewing the instructions, getting the needed data, and reviewing the completed form. Federal agencies may not conduct or sponsor, and respondents are not required to respond to, a collection of information unless it displays a valid OMB number. If you wish, send comments regarding the accuracy of our estimate or any other aspect of this form, including suggestions for reducing completion time, to Associate Chief Information Officer for Policy and Compliance, Railroad Retirement Board, 844 N. Rush St, Chicago, Illinois 60611-1275.

**If you need help in completing this form**, contact the nearest office of the RRB. If you need to personally visit one of our field offices, you are urged to call for an appointment. You will not be refused service if you do not have an appointment, but the RRB representatives can serve you better when an appointment is made.

**Relinquishment of Rights to Railroad Service**

A railroad employer is any company or labor organization covered by the RRA. Applicants for an annuity under the RRA must stop all work for pay for a railroad employer before an annuity can be paid.

Disability applicants under Full Retirement Age (FRA) do not need to give up rights to return to railroad service in order to receive an annuity. However, relinquishment of rights is automatic on the earliest of the date the applicant attains FRA or becomes entitled to a supplemental annuity or the spouse files for a spouse annuity.

In addition, relinquishment of rights to return to any railroad employment is required **for all age and service employee applicants, spouse applicants and divorced spouse applicants.**

**How Certain Nonrailroad Work Affects Your Annuity**

Your Last Pre-Retirement Nonrailroad Employer (LPE) is defined as any nonrailroad individual, company, or institution for whom you are working on your annuity beginning date (ABD) or for whom you stopped working in order to receive an annuity. The nonrailroad employer is always your LPE if you are working in nonrailroad employment on your ABD, or, if you have stopped working and you still hold rights to return to service of the nonrailroad employer on your ABD.

There are a few exceptions. Types of work that are not considered to be LPE are: military service, jury duty, mail handling by contract with the U.S. Postal Service, volunteer work, work for which you only receive payment of expenses, work as a member (owner) of a Limited Liability Corporation (LLC), or self-employment.

When you were working for one or more individuals, companies, or institutions within the 6 months immediately preceding the date your annuity begins, all such employers are presumed to be your LPE.

Your ABD is not affected by LPE. You are not required to relinquish rights or stop working for your LPE to receive annuity payments. However, reductions for LPE earnings on or after your ABD apply regardless of your age.

**INSTRUCTIONS:** The previous page explains when you must stop work and give up your rights to return to the service of an employer. Complete the sections below marked with an "X."

**Section A Railroad Employment**

Complete Items 1-4 for any employer in the railroad industry for whom you last worked. If you had joint service, or worked for another railroad employer within the last 18 months, show the answers to Items 1-4 about the other employer in **Section C, Remarks**.

1. Last railroad employer	2. Last date worked for pay ____/____/____ Month Day Year
3. Do you hold seniority or other rights to return to any employer(s) in the railroad industry? <input type="checkbox"/> Yes - Enter employer name(s) <input type="checkbox"/> No Employer Name(s) _____ _____	4. Date all rights to return to employer service relinquished.  ____/____/____ Month Day Year

**Section B Employment Outside the Railroad Industry**

If you had any nonrailroad jobs during the six months immediately preceding the date your annuity begins that would be considered to be Last Pre-Retirement Nonrailroad Employment, complete Items 5a-6d. Use **Section C, Remarks** if more space is needed.

5. a. Last nonrailroad employer's name	6. a. Next to last nonrailroad employer's name
b. Address	b. Address
c. Date work began ____/____/____ Month Day Year	c. Date work began ____/____/____ Month Day Year
d. Date work ended ____/____/____ Month Day Year	d. Date work ended ____/____/____ Month Day Year

**Section C Remarks**

7. If you need more space, attach additional sheets.

**Section D Certification**

8. I will promptly notify the Railroad Retirement Board if I return to the service of any railroad employer or I return to work for the individual, company, or institution named in Section B above.

Knowing that anyone making a false statement or representation of a material fact for use in determining a right to payment under the Railroad Retirement Act commits a crime punishable under Federal Law, I certify that the information given above is true.

\_\_\_\_\_  
Signature Date

9. If this certification is signed by mark ("X") in Item 8, two witnesses who know the person signing must sign below, giving their full addresses and daytime telephone numbers.

a. Signature of Witness	b. Signature of Witness
Address (Number and Street)	Address (Number and Street)
City, State, ZIP Code	City, State, ZIP Code
Daytime Telephone Number (    )	Daytime Telephone Number (    )