

# Application for Substitution of Payee

RRB claim number	
Employee SS number	
Employee's name	
Beneficiary's name	
Field office name and number	Chicago, Illinois Headquarters 5000

Before you complete this application, be sure to read Booklet RB-5, Your Duties As Representative Payee/Representative Payee's Record, and the "Important Notices" on page 8 of this application. **This application must be completed and signed by the person filing to act as the representative for the beneficiary.**

1	Enter the applicant's name, address, and daytime telephone number. <i>(Include Number and Street, P.O. Box or Rural Route, City, State, and ZIP Code).</i>		Area Code	Telephone Number
2	Enter the applicant's Social Security number. <b>Note:</b> If filing as an administrator of an institution, enter your Employer Identification Number (EIN).			
3	Are you the court appointed legal guardian of the beneficiary? (Does not include Power of Attorney) <input type="checkbox"/> Yes - Attach a copy of the court order and go to Item 4 <input type="checkbox"/> No - Go to Item 5			
4	Is the court order currently in effect? <input type="checkbox"/> Yes - Go to Item 7 <input type="checkbox"/> No - Explain in Item 17 and go to Item 5			
5	Is there a court appointed legal guardian whose court order is currently in effect? (Does not include Power of Attorney) <input type="checkbox"/> Yes - Go to Item 6 <input type="checkbox"/> No - Go to Item 7			
6	Enter the court appointed legal representative's name, address, and daytime telephone number. <i>(Include Number and Street, P.O. Box or Rural Route, City, State, and ZIP Code).</i>		Area Code	Telephone Number
7	Does the beneficiary live with you? <input type="checkbox"/> Yes - Go to Item 10 <input type="checkbox"/> No, the beneficiary lives with a caregiver, in a nursing facility, or in an institution - Go to Item 8 <input type="checkbox"/> No, the beneficiary lives alone or independently (no caregiver) - Go to Item 8			
8	Enter the name, address, and daytime telephone number of the person or institution with whom the beneficiary is living. If the beneficiary lives alone or independently (no caregiver), show their address and telephone number. <i>(Include Number and Street, P.O. Box or Rural Route, City, State, and ZIP Code).</i>		Area Code	Telephone Number

9 What is the relationship between the beneficiary and the person with whom the beneficiary is living?

Spouse                       Relative (*specify relationship*) \_\_\_\_\_

Legal Guardian               Other \_\_\_\_\_

10 What is your relationship to the beneficiary? (Check all that apply.)

Spouse                       Relative (*specify relationship*) \_\_\_\_\_

Legal Guardian - Go to Item 12

Other \_\_\_\_\_

11 a Are there any living relatives who are more closely related to the beneficiary than you are?

Yes - Complete Item 11b

No - Go to Item 12

b Enter the name, address, and daytime telephone number of each living relative who is more closely related to the beneficiary than you. Also show their relationship (parent, child, brother, sister, etc.) to the beneficiary. If more space is needed, go to Item 18.

(1)

Area Code	Telephone Number	Relationship

Enter the name, address, and daytime telephone number of each living relative who is more closely related to the beneficiary than you. Also show their relationship (parent, child, brother, sister, etc.) to the beneficiary. If more space is needed, go to Item 18.

(2)

Area Code	Telephone Number	Relationship

**Note:** If you are filing as an administrator of an institution, go directly to Item 14.

12 Are you currently employed?

Yes - Complete Item 12a

No - Complete Item 12b

a Enter your employer's name and address.

\_\_\_\_\_

\_\_\_\_\_

b Enter your main source of income.

<input type="checkbox"/> Self-employed <input type="checkbox"/> Social Security benefits <input type="checkbox"/> Pension <input type="checkbox"/> SSI payments	<input type="checkbox"/> Railroad Retirement benefits <input type="checkbox"/> Welfare benefits <input type="checkbox"/> Other ( <i>Describe</i> ) _____
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13	Have you previously served, or applied and were not selected to serve, as a representative payee for the beneficiary of a Federal benefit?			
	<input type="checkbox"/> Yes - Complete Items 13a-c <input type="checkbox"/> No - Go to Item 14			
	a	Enter the name of the beneficiary.		
b	Enter the Social Security number of the beneficiary.			
c	Enter the reason the service ended.			
14	Have you been convicted of a felony?			
	<input type="checkbox"/> Yes - Complete Items 14a-e <input type="checkbox"/> No - Go to Item 15			
	a	What was the crime?		
	b	On what date were you convicted?		
	c	What was your sentence?		
	d	If imprisoned, when were you released?		
e	If probation was ordered, when did or will the probation end?			
15	Have you been convicted of a misdemeanor under the statutes administered by the Railroad Retirement Board or Social Security Administration?			
	<input type="checkbox"/> Yes - Complete Items 15a-e <input type="checkbox"/> No - Go to Item 16			
	a	What was the crime?		
	b	On what date were you convicted?		
	c	What was your sentence?		
	d	If imprisoned, when were you released?		
e	If probation was ordered, when did or will the probation end?			
16	a	Why do you believe that you are the best qualified person to receive benefits on behalf of the beneficiary?		
	b	Please explain how you intend to use the benefits.		
	c	Will you charge a fee for your services? <input type="checkbox"/> Yes Amount \$_____ Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other _____ <input type="checkbox"/> No		

17 Federal benefit payments are required to be made electronically. The payments must be deposited into an account set up for the beneficiary with you as the payee. To avoid any interruption in the payment, you will need to choose an electronic payment option.

Have you set up a bank account for the beneficiary?

Yes - Complete Items 17a-d

No - I will provide the bank information at a later date. Go to item 18

<b>a</b>	Name on Bank Account	
<b>b</b>	Bank Routing Number	
<b>c</b>	Bank Account Number	
<b>d</b>	Type of Account	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

18 **Remarks** - Use this section to continue 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.

**Instructions for Obtaining Form G-478, "Statement Regarding Patient's Capability to Manage Benefits."**

Depending upon the information furnished in Form AA-5, this additional form may be required.

Form G-478 is required if no guardian or legal representative has been appointed.

Form G-478 is completed either by the beneficiary's personal physician or by the medical officer of the institution where the beneficiary resides.

**Instructions on Information Booklets.** You are being provided two or more booklets for your information and use.

The duties and responsibilities of a representative payee are explained in **Booklet RB-5, "Your Duties as Representative Payee/Representative Payee's Record."** This booklet should be used to maintain a record of income received and expenditures made for the beneficiary.

The other booklet(s) explains the conditions under which the annuity is not payable, and changes or events affecting the beneficiary that are to be reported to the RRB.

After you have read the booklets and the Certification on the next page, sign Form AA-5. Return Form AA-5, and when required, Form G-478 to:

19 **Certification** – I understand that civil and criminal penalties may be imposed on me for false or fraudulent statements or for withholding information to misrepresent a fact material to determining a right to payment under the Railroad Retirement Act. I affirm that, to the best of my knowledge, the information which I have given is true, complete, and correct.

I have received, read, and understand Booklet RB-5, *Your Duties as Representative Payee/Representative Payee's Record*. I understand that this booklet is to be used to maintain a record of income received and expenditures made for the beneficiary. I agree to use all payments made to me on behalf of the beneficiary in the beneficiary's interest.

I agree to immediately notify the RRB:

- If the beneficiary is restored to competency by a state court;
- If the beneficiary marries, remarries, or divorces;
- If I am discharged as the legal guardian;
- If a legal guardian is appointed or guardianship changes;
- If I am no longer responsible for the beneficiary's care and welfare;
- If I have been convicted of a felony;
- If I have been convicted of a misdemeanor under the statutes administered by the RRB or SSA;
- If the beneficiary leaves my custody and care;
- If my address changes;
- If the beneficiary's address changes;
- If the beneficiary performs any work, including self-employment;
- If the beneficiary is convicted of a felony;
- If the beneficiary begins to receive a public service pension, or there is a change in the amount of the pension;
- If an application for Social Security benefits is filed for the beneficiary on any person's earnings record;
- If a student beneficiary graduates from high school or ceases full-time school attendance;
- If the beneficiary is outside the U.S. for more than 30 consecutive days; and
- If the beneficiary dies.

**Signature** \_\_\_\_\_  
 (First Name, Middle Initial,  
 Last Name)

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**Date** \_\_\_\_\_

Month	Day	Year

20 If this certification is signed by mark ("X") in Item 19, two witnesses who know the person signing must sign below, giving their full addresses and daytime telephone numbers.

<b>a</b>	<b>Signature of Witness</b>		
	Address (Number and Street)		
	City, State/Province, and ZIP Code		
	Daytime Telephone Number _____	Area Code	Telephone Number
<b>b</b>	<b>Signature of Witness</b>		
	Address (Number and Street)		
	City, State/Province, and ZIP Code		
	Daytime Telephone Number _____	Area Code	Telephone Number

## This Space Is For RRB Use Only

I select the applicant as representative payee for the beneficiary.

Yes

No - Explain in Remarks below.

### Remarks

\_\_\_\_\_  
Signature of selecting RRB representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of reviewing RRB representative

\_\_\_\_\_  
Date

**Important:** The reviewing representative must be different from the selecting representative. Complete the Representative Payee Checklist. It must be attached to the completed application after it has been signed and returned by the applicant.

## Receipt For Your Claim

Representative Payee Applicant's Name

Beneficiary's Name

Beneficiary's RRB Claim Number

Date Claim Received

Your application for substitution of payee has been received and will be processed as quickly as possible. If you change your address, or if there is some other change that may affect your claim, you should report the change. The changes to be reported are listed below. Always give us the beneficiary's claim number when writing or calling. If you have any questions, we will be glad to help you. If you need to personally visit one of our field offices, please call for an appointment. You will not be refused service if you do not have an appointment, but our staff can serve you better when an appointment is made. Railroad Retirement Board offices are open to the public from 9:00 a.m. to 3:00 p.m., Monday through Friday

### Always Report These Changes To The RRB

**Death**—if the beneficiary dies.

**Marital Status**—If the beneficiary marries, remarries, or divorces.

**Social Security**—If an application is filed for the beneficiary on any person's earnings record.

**Public Pension**—If the beneficiary begins to receive a pension from an agency of the Federal, state, or local government, or if the amount changes.

**Work**—If the beneficiary performs any work, including self-employment.

**Felony and Misdemeanor**—If you or the beneficiary are convicted of a felony offense, or a misdemeanor under the statutes administered by the RRB or SSA.

**Address**—If your address or the beneficiary's address changes

**Legal Status**—If there is a change in the beneficiary's competency or legal guardian (appointment, change, or discharge).

**In Your Care**—If the beneficiary leaves your care or custody.

**School**—If a student beneficiary graduates from high school or ceases full-time school attendance.

**Residency**—If the beneficiary is outside the U.S. for more than 30 consecutive days.

**Bank Account**—If there is a change in the bank account information.

### How To Report Changes

When a change occurs after you are entitled to receive benefits on behalf of the beneficiary, you should report the change at once. You can make your reports by telephone, mail, or in person, whichever you prefer. Some telephone reports may need to be confirmed in writing.

**To report any of the above changes, contact:**



Telephone Number:

**If for some reason you cannot contact that office, you should contact:**



U S RAILROAD RETIREMENT BOARD  
ATTN: FIELD SERVICE - 9<sup>TH</sup> FLOOR  
844 N RUSH ST  
CHICAGO IL 60611-1275

## Important Notices

### Paperwork Reduction Act and Privacy Act Notices

This notice is given under the Paperwork Reduction Act of 1995 and the Privacy Act of 1974. The Privacy Act of 1974 requires that the Railroad Retirement Board (RRB) tell you the following whenever we ask you for information:

- 1) the law which allows us to ask for the information;
- 2) whether that law requires you to give us the information and what, if anything, might happen if you do not give the information to us;
- 3) the reason why the information is requested; and
- 4) the persons, organizations and agencies to which we may release the information without your permission.

The RRB's authority for requesting this information is section 7(b)(6) (45 U.S.C. 231f(b)(6) of the Railroad Retirement Act. The law does not give the RRB power to force you to give us information. However, if you do not provide the information which we ask for, we may not be able to pay benefits to you.

The information which we ask you for is used to determine if you are eligible to receive benefits from the RRB. Some of the information may have an effect on the amount of benefits which we can pay.

Although the information we request is almost never used for any purpose other than the payment of benefits under the RRA, the RRB does have the authority to release information to the individuals, organizations, and/or agencies listed below without your approval:

- 1) An attorney, Congressman's office, labor union or to the Department of State's embassy or consular offices if they claim to be representing you at your request.
- 2) The U.S. Treasury Department or U.S. Postal Service to issue payments and to investigate lost, forged or stolen checks.
- 3) The Social Security Administration to resolve discrepancies between appointed payees.
- 4) The Internal Revenue Service or to State and local taxing authorities for figuring your taxes and for use in audits.
- 5) The Department of Justice for audits and for collecting overpayments owed to the RRB or the Social Security Administration.
- 6) In certain cases, information may be released for law enforcement purposes and for court proceedings.

A complete list of the persons, organizations or agencies to which the information you give us may be released is available in any office of the RRB.

We estimate this form takes an average of 18 minutes per response to complete, including the time for reviewing the instructions, obtaining the 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 Street, Chicago, Illinois 60611-1275.