

# Application for Lump-Sum Death Payment and Annuities Unpaid at Death

**Do Not Write in This Space**

OFFICIALLY FILED

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APPLICATION

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## Section 1 General Instructions

Before you complete this application, be sure to read the booklet RB-21, Lump-Sum Death Payment, Residual Lump-Sum, and Annuities Unpaid at Death, which explains information you will need to answer many of the questions in this application.

Please be sure to read the important notices on the inside covers of the RB-21 booklet. Type or print legibly in ink. If you need more space than is provided to answer a question, use Section 8, Remarks, for this purpose. If you do not know the answer to a question, print "Unknown" in the space provided for the answers. When entering dates, always use numbers. Also, be sure there is one number in **each** box. For example, you would enter September 25, 2018 as:

| Month | Day   | Year          |
|-------|-------|---------------|
| 0   9 | 2   5 | 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 someone else, you must answer each question as it applies to **the applicant**.

## Section 2 Identifying Information

Check the information entered by the Railroad Retirement Board (RRB) in Items 1 through 6 for accuracy.

- ▶ If the information is correct, **go to Item 7**.
- ▶ 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 (Include Prefix)                                                                     |           |
| Applicant Identification | 4 Applicant's Name <b>NOTE:</b> If representative of funeral home, enter funeral home's name, representative's name and representative's title. |                                                                                                                                    |           |
|                          | 5 a Mailing Address <b>NOTE:</b> If representative of funeral home, enter funeral home address.                                                 |                                                                                                                                    |           |
|                          | 5 b City and State                                                                                                                              | 5c ZIP Code                                                                                                                        | 5d County |
|                          | 6 Daytime Telephone Number (include area code)                                                                                                  | 7 Applicant's social security number. If none, enter "NONE."<br><b>NOTE:</b> Do not complete if you are the funeral home director. |           |

## Section 3 Information About The Employee

If a railroad retirement survivor benefit was previously received by someone, **go to Section 5**; otherwise **go to Item 8**.

|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                              |                                 |            |
|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------------|------------|
| Birth Date        | 8 Enter the employee's date of birth. ▶                                                                                                                                                                                                                                                                                                                                                                                                                | Month                        | Day                             | Year       |
| Residence         | 9 Enter the state (or country if other than United States) which was the employee's permanent home at the time of death. ▶                                                                                                                                                                                                                                                                                                                             |                              |                                 |            |
| Military Service  | Please read the chapter "Credit for Military Service" in the RB-21 booklet to find out how active military service is determined.                                                                                                                                                                                                                                                                                                                      |                              |                                 |            |
|                   | 10 Enter an "X" in the appropriate box:<br>The employee was in active military service after September 7, 1939. ▶                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Yes | ▶ <b>Go to Note and Item 11</b> |            |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> No  | ▶ <b>Go to Item 13</b>          |            |
|                   | <div style="border: 1px solid black; border-radius: 15px; padding: 10px; text-align: center;"> <b>Note:</b> If answered "Yes," and proof of the employee's military service is not already in our file, you may be requested to provide it. We will notify you if proof is needed.         </div>                                                                                                                                                      |                              |                                 |            |
|                   | 11 Enter an "X" in the appropriate box:<br>The employee had voluntary military service during the period June 15, 1948, through December 15, 1950. ▶                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Yes | ▶ <b>Go to Item 12</b>          |            |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> No  | ▶ <b>Go to Item 13</b>          |            |
|                   | 12 Enter an "X" in the appropriate box:<br>The employee had nonrailroad earnings after leaving the military service and before returning to the railroad. ▶                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Yes |                                 |            |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> No  |                                 |            |
| Disability        | If the employee died at 62 or older, <b>go to Item 14</b> .                                                                                                                                                                                                                                                                                                                                                                                            |                              |                                 |            |
|                   | 13 Enter an "X" in the appropriate box:<br>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. ▶                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Yes |                                 |            |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> No  |                                 |            |
| Recent Employment | 14 Regardless of whether the employee was retired at death, enter the name and address of each railroad or nonrailroad employer for whom the employee performed <b>any</b> part-time or full-time work during the last <b>three years</b> . Enter the name and address of the most recent employer in <b>14a</b> , the second in <b>14b</b> , and so on. Enter the date each job began and ended. If you need additional space, continue in Section 8. |                              |                                 |            |
|                   | <b>Name and Address of Employer</b>                                                                                                                                                                                                                                                                                                                                                                                                                    |                              |                                 |            |
|                   | <b>a</b> Name                                                                                                                                                                                                                                                                                                                                                                                                                                          | Began                        |                                 | Ended      |
|                   | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                | Month                        | Year                            | Month Year |
|                   | City, State, and ZIP Code                                                                                                                                                                                                                                                                                                                                                                                                                              |                              |                                 |            |
|                   | <b>b</b> Name                                                                                                                                                                                                                                                                                                                                                                                                                                          | Began                        |                                 | Ended      |
|                   | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                | Month                        | Year                            | Month Year |
|                   | City, State, and ZIP Code                                                                                                                                                                                                                                                                                                                                                                                                                              |                              |                                 |            |
|                   | <b>c</b> Name                                                                                                                                                                                                                                                                                                                                                                                                                                          | Began                        |                                 | Ended      |
|                   | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                | Month                        | Year                            | Month Year |
|                   | City, State, and ZIP Code                                                                                                                                                                                                                                                                                                                                                                                                                              |                              |                                 |            |
| Self-Employment   | 15 Enter an "X" in the appropriate box:<br>The employee was self-employed during any of the last three calendar years. ▶                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Yes | ▶ <b>Go to Item 16</b>          |            |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> No  | ▶ <b>Go to Item 18</b>          |            |
|                   | 16 Enter an "X" in the appropriate box:<br>The employee's net earnings from self-employment were more than \$400 in any of the last three calendar years. ▶                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Yes | ▶ <b>Go to Item 17</b>          |            |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> No  | ▶ <b>Go to Item 18</b>          |            |

| Self-Employment<br>(Continued)                                                                                                                                                                                                                 | <b>17</b> 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ▶   | <input type="checkbox"/> This Year<br><input type="checkbox"/> Last Year<br><input type="checkbox"/> Year before last |                                                         |                                   |                                                                 |                                         |                                                                      |                                                                |           |       |                                                         |                                   |                                                                 |  |  |                     |  |  |                                                                |  |       |     |      |  |  |                  |                |         |           |       |     |      |  |          |  |  |  |  |  |                                           |                                         |                                  |                                    |  |  |  |  |  |          |  |  |  |  |  |                                           |                                         |                                  |                                    |  |  |  |  |  |          |  |  |  |  |  |                                           |                                         |                                  |                                    |  |  |  |  |  |
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| Railroad Employment                                                                                                                                                                                                                            | <b>18</b> Enter an "X" in the appropriate box:<br>The employee was alive on October 1, 1981, AND had at least 25 years of railroad service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ▶   | <input type="checkbox"/> Yes ▶ <b>Go to Note and Item 19</b><br><input type="checkbox"/> No ▶ <b>Go to Item 21</b>    |                                                         |                                   |                                                                 |                                         |                                                                      |                                                                |           |       |                                                         |                                   |                                                                 |  |  |                     |  |  |                                                                |  |       |     |      |  |  |                  |                |         |           |       |     |      |  |          |  |  |  |  |  |                                           |                                         |                                  |                                    |  |  |  |  |  |          |  |  |  |  |  |                                           |                                         |                                  |                                    |  |  |  |  |  |          |  |  |  |  |  |                                           |                                         |                                  |                                    |  |  |  |  |  |
| <b>Note:</b> Please read the chapter "Requirements the Employee Must Have Met" in the RB-21 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. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |                                                                                                                       |                                                         |                                   |                                                                 |                                         |                                                                      |                                                                |           |       |                                                         |                                   |                                                                 |  |  |                     |  |  |                                                                |  |       |     |      |  |  |                  |                |         |           |       |     |      |  |          |  |  |  |  |  |                                           |                                         |                                  |                                    |  |  |  |  |  |          |  |  |  |  |  |                                           |                                         |                                  |                                    |  |  |  |  |  |          |  |  |  |  |  |                                           |                                         |                                  |                                    |  |  |  |  |  |
|                                                                                                                                                                                                                                                | <b>19</b> Enter an "X" in the appropriate box:<br>The employee "involuntarily and without fault": <ul style="list-style-type: none"> <li>stopped working for his or her last railroad employer on or after October 1, 1975, or</li> <li>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.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ▶   | <input type="checkbox"/> Yes ▶ <b>Go to Item 20</b><br><input type="checkbox"/> No ▶ <b>Go to Item 21</b>             |                                                         |                                   |                                                                 |                                         |                                                                      |                                                                |           |       |                                                         |                                   |                                                                 |  |  |                     |  |  |                                                                |  |       |     |      |  |  |                  |                |         |           |       |     |      |  |          |  |  |  |  |  |                                           |                                         |                                  |                                    |  |  |  |  |  |          |  |  |  |  |  |                                           |                                         |                                  |                                    |  |  |  |  |  |          |  |  |  |  |  |                                           |                                         |                                  |                                    |  |  |  |  |  |
|                                                                                                                                                                                                                                                | <b>20</b> Enter an "X" in the appropriate box:<br>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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ▶   | <input type="checkbox"/> Yes ▶ <b>Go to Item 21</b><br><input type="checkbox"/> No ▶ <b>Go to Note and Item 21</b>    |                                                         |                                   |                                                                 |                                         |                                                                      |                                                                |           |       |                                                         |                                   |                                                                 |  |  |                     |  |  |                                                                |  |       |     |      |  |  |                  |                |         |           |       |     |      |  |          |  |  |  |  |  |                                           |                                         |                                  |                                    |  |  |  |  |  |          |  |  |  |  |  |                                           |                                         |                                  |                                    |  |  |  |  |  |          |  |  |  |  |  |                                           |                                         |                                  |                                    |  |  |  |  |  |
| <b>Note:</b> You may be requested to submit proof to verify the statements in Items 19 and 20.                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |                                                                                                                       |                                                         |                                   |                                                                 |                                         |                                                                      |                                                                |           |       |                                                         |                                   |                                                                 |  |  |                     |  |  |                                                                |  |       |     |      |  |  |                  |                |         |           |       |     |      |  |          |  |  |  |  |  |                                           |                                         |                                  |                                    |  |  |  |  |  |          |  |  |  |  |  |                                           |                                         |                                  |                                    |  |  |  |  |  |          |  |  |  |  |  |                                           |                                         |                                  |                                    |  |  |  |  |  |
| Employee's Marriages                                                                                                                                                                                                                           | <b>21</b> Enter an "X" in the appropriate box:<br>Was the employee ever married?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ▶   | <input type="checkbox"/> Yes ▶ <b>Go to Item 22</b><br><input type="checkbox"/> No ▶ <b>Go to Section 5</b>           |                                                         |                                   |                                                                 |                                         |                                                                      |                                                                |           |       |                                                         |                                   |                                                                 |  |  |                     |  |  |                                                                |  |       |     |      |  |  |                  |                |         |           |       |     |      |  |          |  |  |  |  |  |                                           |                                         |                                  |                                    |  |  |  |  |  |          |  |  |  |  |  |                                           |                                         |                                  |                                    |  |  |  |  |  |          |  |  |  |  |  |                                           |                                         |                                  |                                    |  |  |  |  |  |
|                                                                                                                                                                                                                                                | <b>22</b> Enter the requested information for <b>each</b> of the employee's marriages. Enter the most recent marriage in <b>22a</b> , the second most recent in <b>22b</b> , and so on. If the employee was married only once, enter the information in <b>22a</b> , and <b>go to Item 23</b> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |                                                                                                                       |                                                         |                                   |                                                                 |                                         |                                                                      |                                                                |           |       |                                                         |                                   |                                                                 |  |  |                     |  |  |                                                                |  |       |     |      |  |  |                  |                |         |           |       |     |      |  |          |  |  |  |  |  |                                           |                                         |                                  |                                    |  |  |  |  |  |          |  |  |  |  |  |                                           |                                         |                                  |                                    |  |  |  |  |  |          |  |  |  |  |  |                                           |                                         |                                  |                                    |  |  |  |  |  |
|                                                                                                                                                                                                                                                | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width: 20%;">Name of Employee's Wife or Husband<br/>(If wife, include maiden name)</th> <th colspan="3" rowspan="2">Date Married</th> <th rowspan="2" style="width: 15%;">City and State Married<br/>(Country, if other than U.S.)</th> <th rowspan="2" style="width: 15%;">How Marriage Ended<br/>(Check one)</th> <th colspan="3">Answer if Marriage Ended for Reason Other than Employee's Death</th> </tr> <tr> <th colspan="3">Date Marriage Ended</th> <th rowspan="2">City and State Marriage Ended<br/>(Country, if other than U.S.)</th> </tr> <tr> <th></th> <th>Month</th> <th>Day</th> <th>Year</th> <th></th> <th></th> <th>Employee's Death</th> <th>Spouse's Death</th> <th>Divorce</th> <th>Annulment</th> <th>Month</th> <th>Day</th> <th>Year</th> <th></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><b>a</b></td> <td></td><td></td><td></td><td></td><td></td> <td><input type="checkbox"/> Employee's Death</td> <td><input type="checkbox"/> Spouse's Death</td> <td><input type="checkbox"/> Divorce</td> <td><input type="checkbox"/> Annulment</td> <td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="text-align: center;"><b>b</b></td> <td></td><td></td><td></td><td></td><td></td> <td><input type="checkbox"/> Employee's Death</td> <td><input type="checkbox"/> Spouse's Death</td> <td><input type="checkbox"/> Divorce</td> <td><input type="checkbox"/> Annulment</td> <td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="text-align: center;"><b>c</b></td> <td></td><td></td><td></td><td></td><td></td> <td><input type="checkbox"/> Employee's Death</td> <td><input type="checkbox"/> Spouse's Death</td> <td><input type="checkbox"/> Divorce</td> <td><input type="checkbox"/> Annulment</td> <td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table> |     |                                                                                                                       |                                                         |                                   |                                                                 |                                         | Name of Employee's Wife or Husband<br>(If wife, include maiden name) | Date Married                                                   |           |       | City and State Married<br>(Country, if other than U.S.) | How Marriage Ended<br>(Check one) | Answer if Marriage Ended for Reason Other than Employee's Death |  |  | Date Marriage Ended |  |  | City and State Marriage Ended<br>(Country, if other than U.S.) |  | Month | Day | Year |  |  | Employee's Death | Spouse's Death | Divorce | Annulment | Month | Day | Year |  | <b>a</b> |  |  |  |  |  | <input type="checkbox"/> Employee's Death | <input type="checkbox"/> Spouse's Death | <input type="checkbox"/> Divorce | <input type="checkbox"/> Annulment |  |  |  |  |  | <b>b</b> |  |  |  |  |  | <input type="checkbox"/> Employee's Death | <input type="checkbox"/> Spouse's Death | <input type="checkbox"/> Divorce | <input type="checkbox"/> Annulment |  |  |  |  |  | <b>c</b> |  |  |  |  |  | <input type="checkbox"/> Employee's Death | <input type="checkbox"/> Spouse's Death | <input type="checkbox"/> Divorce | <input type="checkbox"/> Annulment |  |  |  |  |  |
| Name of Employee's Wife or Husband<br>(If wife, include maiden name)                                                                                                                                                                           | Date Married                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |                                                                                                                       | City and State Married<br>(Country, if other than U.S.) | How Marriage Ended<br>(Check one) | Answer if Marriage Ended for Reason Other than Employee's Death |                                         |                                                                      |                                                                |           |       |                                                         |                                   |                                                                 |  |  |                     |  |  |                                                                |  |       |     |      |  |  |                  |                |         |           |       |     |      |  |          |  |  |  |  |  |                                           |                                         |                                  |                                    |  |  |  |  |  |          |  |  |  |  |  |                                           |                                         |                                  |                                    |  |  |  |  |  |          |  |  |  |  |  |                                           |                                         |                                  |                                    |  |  |  |  |  |
|                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |                                                                                                                       |                                                         |                                   | Date Marriage Ended                                             |                                         |                                                                      | City and State Marriage Ended<br>(Country, if other than U.S.) |           |       |                                                         |                                   |                                                                 |  |  |                     |  |  |                                                                |  |       |     |      |  |  |                  |                |         |           |       |     |      |  |          |  |  |  |  |  |                                           |                                         |                                  |                                    |  |  |  |  |  |          |  |  |  |  |  |                                           |                                         |                                  |                                    |  |  |  |  |  |          |  |  |  |  |  |                                           |                                         |                                  |                                    |  |  |  |  |  |
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| <b>a</b>                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |                                                                                                                       |                                                         |                                   | <input type="checkbox"/> Employee's Death                       | <input type="checkbox"/> Spouse's Death | <input type="checkbox"/> Divorce                                     | <input type="checkbox"/> Annulment                             |           |       |                                                         |                                   |                                                                 |  |  |                     |  |  |                                                                |  |       |     |      |  |  |                  |                |         |           |       |     |      |  |          |  |  |  |  |  |                                           |                                         |                                  |                                    |  |  |  |  |  |          |  |  |  |  |  |                                           |                                         |                                  |                                    |  |  |  |  |  |          |  |  |  |  |  |                                           |                                         |                                  |                                    |  |  |  |  |  |
| <b>b</b>                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |                                                                                                                       |                                                         |                                   | <input type="checkbox"/> Employee's Death                       | <input type="checkbox"/> Spouse's Death | <input type="checkbox"/> Divorce                                     | <input type="checkbox"/> Annulment                             |           |       |                                                         |                                   |                                                                 |  |  |                     |  |  |                                                                |  |       |     |      |  |  |                  |                |         |           |       |     |      |  |          |  |  |  |  |  |                                           |                                         |                                  |                                    |  |  |  |  |  |          |  |  |  |  |  |                                           |                                         |                                  |                                    |  |  |  |  |  |          |  |  |  |  |  |                                           |                                         |                                  |                                    |  |  |  |  |  |
| <b>c</b>                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |                                                                                                                       |                                                         |                                   | <input type="checkbox"/> Employee's Death                       | <input type="checkbox"/> Spouse's Death | <input type="checkbox"/> Divorce                                     | <input type="checkbox"/> Annulment                             |           |       |                                                         |                                   |                                                                 |  |  |                     |  |  |                                                                |  |       |     |      |  |  |                  |                |         |           |       |     |      |  |          |  |  |  |  |  |                                           |                                         |                                  |                                    |  |  |  |  |  |          |  |  |  |  |  |                                           |                                         |                                  |                                    |  |  |  |  |  |          |  |  |  |  |  |                                           |                                         |                                  |                                    |  |  |  |  |  |
|                                                                                                                                                                                                                                                | <b>23</b> Enter an "X" in the appropriate box:<br>At least one of the employee's marriages lasted for ten years and ended in divorce.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ▶   | <input type="checkbox"/> Yes ▶ <b>Go to Note and Item 24</b><br><input type="checkbox"/> No ▶ <b>Go to Section 4</b>  |                                                         |                                   |                                                                 |                                         |                                                                      |                                                                |           |       |                                                         |                                   |                                                                 |  |  |                     |  |  |                                                                |  |       |     |      |  |  |                  |                |         |           |       |     |      |  |          |  |  |  |  |  |                                           |                                         |                                  |                                    |  |  |  |  |  |          |  |  |  |  |  |                                           |                                         |                                  |                                    |  |  |  |  |  |          |  |  |  |  |  |                                           |                                         |                                  |                                    |  |  |  |  |  |
| <b>Note:</b> If more than one marriage fits this description, use Section 8 to answer Items 24-28 for each marriage.                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |                                                                                                                       |                                                         |                                   |                                                                 |                                         |                                                                      |                                                                |           |       |                                                         |                                   |                                                                 |  |  |                     |  |  |                                                                |  |       |     |      |  |  |                  |                |         |           |       |     |      |  |          |  |  |  |  |  |                                           |                                         |                                  |                                    |  |  |  |  |  |          |  |  |  |  |  |                                           |                                         |                                  |                                    |  |  |  |  |  |          |  |  |  |  |  |                                           |                                         |                                  |                                    |  |  |  |  |  |

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|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|---------------------|-------------------------------------------------------------------------------------------------------------|-------------------|-----|------|--|--|--|
| Employee's Marriages<br>(Continued)                              | <b>24</b> Enter an "X" in the appropriate box:<br>The divorced spouse was alive in the month the employee died. | ▶                   | <input type="checkbox"/> Yes ▶ <b>Go to Item 25</b><br><input type="checkbox"/> No ▶ <b>Go to Section 4</b> |                   |     |      |  |  |  |
|                                                                  | <b>25</b> Divorced spouse's date of birth.                                                                      | ▶                   |                                                                                                             | Month             | Day | Year |  |  |  |
|                                                                  | <b>26 a</b> Enter an "X" in the appropriate box:<br>The divorced spouse has remarried.                          | ▶                   | <input type="checkbox"/> Yes ▶ <b>Go to Item 26b</b><br><input type="checkbox"/> No ▶ <b>Go to Item 28</b>  |                   |     |      |  |  |  |
|                                                                  | <b>b</b> Divorced spouse's date of birth.                                                                       | ▶                   |                                                                                                             | Month             | Day | Year |  |  |  |
|                                                                  | <b>27 a</b> Enter an "X" in the appropriate box:<br>The marriage has ended.                                     | ▶                   | <input type="checkbox"/> Yes ▶ <b>Go to Item 27b</b><br><input type="checkbox"/> No ▶ <b>Go to Item 28</b>  |                   |     |      |  |  |  |
|                                                                  | <b>b</b> Date the marriage ended.                                                                               | ▶                   |                                                                                                             | Month             | Day | Year |  |  |  |
|                                                                  | <b>28 a</b> Divorced spouse's name.                                                                             |                     |                                                                                                             |                   |     |      |  |  |  |
|                                                                  | <b>b</b> Divorced spouse's social security number.                                                              | ▶                   |                                                                                                             |                   |     |      |  |  |  |
|                                                                  | <b>c</b> Mailing Address                                                                                        |                     |                                                                                                             |                   |     |      |  |  |  |
|                                                                  | <b>d</b> City and State                                                                                         | <b>28e</b> ZIP Code |                                                                                                             | <b>28f</b> County |     |      |  |  |  |
| <b>g</b> Daytime Telephone Number (include area code) ▶ (      ) |                                                                                                                 |                     |                                                                                                             |                   |     |      |  |  |  |

## Section 4

### Information About The Widow(er)

|                        |                                                                                                                                                   |   |                                                                                                             |       |     |      |  |  |  |
|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|---|-------------------------------------------------------------------------------------------------------------|-------|-----|------|--|--|--|
| Widow(er)              | <b>29</b> Enter an "X" in the appropriate box:<br>The employee was survived by a widow(er).                                                       | ▶ | <input type="checkbox"/> Yes ▶ <b>Go to Item 30</b><br><input type="checkbox"/> No ▶ <b>Go to Section 5</b> |       |     |      |  |  |  |
| Widow(er)'s Birthdate  | <b>30</b> Widow(er)'s date of birth.                                                                                                              | ▶ |                                                                                                             | Month | Day | Year |  |  |  |
| Widow(er)'s Disability | <b>31</b> Enter an "X" in the appropriate box:<br>The widow(er) was age 50-59 in the month the employee died.                                     | ▶ | <input type="checkbox"/> Yes ▶ <b>Go to Item 32</b><br><input type="checkbox"/> No ▶ <b>Go to Item 33</b>   |       |     |      |  |  |  |
|                        | <b>32</b> Enter an "X" in the appropriate box:<br>In the month the employee died, the widow(er) was unable to work due to an accident or illness. | ▶ | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                 |       |     |      |  |  |  |
|                        | <b>33</b> Enter an "X" in the appropriate box:<br>The widow(er) is still alive.                                                                   | ▶ | <input type="checkbox"/> Yes ▶ <b>Go to Item 34</b><br><input type="checkbox"/> No ▶ <b>Go to Section 5</b> |       |     |      |  |  |  |
| Support                | <b>34</b> Enter an "X" in the appropriate box:<br>The employee and the widow(er) were living together when the employee died.                     | ▶ | <input type="checkbox"/> Yes ▶ <b>Go to Item 39</b><br><input type="checkbox"/> No ▶ <b>Go to Item 35</b>   |       |     |      |  |  |  |
|                        | <b>35</b> Enter the date the widow(er) and the employee stopped living together.                                                                  | ▶ |                                                                                                             | Month | Day | Year |  |  |  |
|                        | <b>36</b> Enter the reason(s) the widow(er) and the employee stopped living together.                                                             |   |                                                                                                             |       |     |      |  |  |  |

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| Support<br>(Continued) | <p><b>37</b> Enter an "X" in the appropriate box:<br/>The employee was making regular contributions to the widow(er)'s support when the employee died. (Consider the following as contributions to support: money, food, clothes, paying bills, providing rent-free housing.)</p> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: right;">▶</div> <div style="display: flex; gap: 20px;"> <div><input type="checkbox"/> Yes</div> <div>▶ <b>Go to Item 39</b></div> </div> <div style="display: flex; gap: 20px;"> <div><input type="checkbox"/> No</div> <div>▶ <b>Go to Item 38</b></div> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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|
|                        | <p><b>38</b> Enter an "X" in the appropriate box:<br/>The employee was under a court order to contribute to the widow(er)'s support. (<b>Note:</b> Answer "Yes" if there was a court order, even if the employee was not obeying it.)</p> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: right;">▶</div> <div style="display: flex; gap: 20px;"> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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|  |  |  |  |  |  |
| Name at Birth          | <p><b>39</b> Enter an "X" in the appropriate box:<br/>I am the employee's widow(er).</p> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: right;">▶</div> <div style="display: flex; gap: 20px;"> <div><input type="checkbox"/> Yes</div> <div>▶ <b>Go to Item 40</b></div> </div> <div style="display: flex; gap: 20px;"> <div><input type="checkbox"/> No</div> <div>▶ <b>Go to Section 5</b></div> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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    |      |  |                                                                                                                   |       |     |      |  |  |  |  |  |  |  |  |  |
|                        | <p><b>40</b> Enter your name at birth.</p> <div style="text-align: right;">▶</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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    |      |  |                                                                                                                   |       |     |      |  |  |  |  |  |  |  |  |  |
| Widow(er)'s Marriages  | <p><b>41</b> Enter an "X" in the appropriate box:<br/>I am now, or was previously, married to someone other than the employee.</p> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: right;">▶</div> <div style="display: flex; gap: 20px;"> <div><input type="checkbox"/> Yes</div> <div>▶ <b>Go to Item 42</b></div> </div> <div style="display: flex; gap: 20px;"> <div><input type="checkbox"/> No</div> <div>▶ <b>Go to Section 5</b></div> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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    |      |  |                                                                                                                   |       |     |      |  |  |  |  |  |  |  |  |  |
|                        | <p><b>42</b> Enter the requested information for <b>each</b> of your marriages to someone other than the employee.<br/>Enter your spouse's name at birth and social security number (SSN). If the SSN is unknown, provide the date and place of birth of the spouse and the name at birth of both parents of the spouse in Section 8.</p> <p>Enter the most recent marriage in <b>42a</b>, the second most recent in <b>42b</b>, and so on.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="5" style="padding: 5px;"><b>a</b> Spouse's Name</td><td colspan="5" style="padding: 5px;">Social Security Number</td></tr> <tr> <td colspan="3" style="padding: 5px; text-align: center;">Date Married</td><td style="padding: 5px; text-align: center;">City and State Married<br/>(Country, if other than U.S.)</td><td style="padding: 5px; text-align: center;">How Marriage Ended<br/>(Check one)</td><td colspan="3" style="padding: 5px; text-align: center;">Date Marriage Ended</td><td colspan="2" style="padding: 5px; text-align: center;">City and State Married<br/>(Country, if other than U.S.)</td></tr> <tr> <td style="padding: 5px; text-align: center;">Month</td><td style="padding: 5px; text-align: center;">Day</td><td style="padding: 5px; text-align: center;">Year</td><td rowspan="2" style="padding: 5px;"></td><td rowspan="2" style="padding: 5px; vertical-align: top;"> <input type="checkbox"/> Spouse's Death<br/> <input type="checkbox"/> Divorce<br/> <input type="checkbox"/> Annulment         </td><td style="padding: 5px; text-align: center;">Month</td><td style="padding: 5px; text-align: center;">Day</td><td style="padding: 5px; text-align: center;">Year</td><td rowspan="2" style="padding: 5px;"></td><td rowspan="2" style="padding: 5px;"></td></tr> <tr> <td style="padding: 5px; text-align: center;"> </td><td style="padding: 5px; text-align: center;"> </td><td style="padding: 5px; text-align: center;">       </td><td style="padding: 5px; text-align: center;"> </td><td style="padding: 5px; text-align: center;"> </td><td style="padding: 5px; text-align: center;"> </td><td style="padding: 5px; text-align: center;">       </td></tr> <tr> <td colspan="5" style="padding: 5px;"><b>b</b> Spouse's Name</td><td colspan="5" style="padding: 5px;">Social Security Number</td></tr> <tr> <td colspan="3" style="padding: 5px; 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                                                        |  |       |     |      |  |                                                                                                                   |       |     |      |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |                        |  |  |  |  |              |  |  |                                                         |                                   |                     |  |  |                                                         |  |       |     |      |  |                                                                                                                   |       |     |      |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |                        |  |  |  |  |              |  |  |                                                         |                                   |                     |  |  |                                                         |  |       |     |      |  |                                                                                                                   |       |     |      |  |  |  |  |  |  |  |  |  |

## Section 5 Information About The Employee's Family

Child's  
Annuity

- 43** Enter an "X" in the appropriate box:  
There is a "child," as defined in Section 11, who may be eligible for an annuity. ☐ Yes ▶ **Go to Item 44**  
☐ No ▶ **Go to Item 45**

**Note:** An eligible "child" includes but is not limited to any currently unmarried, natural, adopted, step, or (in certain instances) grandchild of the deceased employee who, in the month the employee died, was:

- Under age 18, or
- Age 18-19 AND attending high school full time, or
- ANY AGE as long as the "child" was totally and permanently disabled BEFORE the child obtained age 22.

For a complete explanation of the circumstances in which a "child" may be eligible for an annuity, see Section 11.

- 44** Provide the information requested below for the child(ren) referred to in Item 43.

| Child's Full Name | Legal Relationship (Check One)                                                                                                                                                                                                                                                        | Address and Telephone Number         |
|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| <b>a</b>          | <input type="checkbox"/> Natural<br><input type="checkbox"/> Stepchild<br><input type="checkbox"/> Legally Adopted<br><input type="checkbox"/> Equitably Adopted<br><input type="checkbox"/> Deemed<br><input type="checkbox"/> Grandchild<br><input type="checkbox"/> Stepgrandchild | Address                              |
|                   |                                                                                                                                                                                                                                                                                       | Telephone Number (include area code) |
|                   |                                                                                                                                                                                                                                                                                       | (      )                             |
| <b>b</b>          | <input type="checkbox"/> Natural<br><input type="checkbox"/> Stepchild<br><input type="checkbox"/> Legally Adopted<br><input type="checkbox"/> Equitably Adopted<br><input type="checkbox"/> Deemed<br><input type="checkbox"/> Grandchild<br><input type="checkbox"/> Stepgrandchild | Address                              |
|                   |                                                                                                                                                                                                                                                                                       | Telephone Number (include area code) |
|                   |                                                                                                                                                                                                                                                                                       | (      )                             |
| <b>c</b>          | <input type="checkbox"/> Natural<br><input type="checkbox"/> Stepchild<br><input type="checkbox"/> Legally Adopted<br><input type="checkbox"/> Equitably Adopted<br><input type="checkbox"/> Deemed<br><input type="checkbox"/> Grandchild<br><input type="checkbox"/> Stepgrandchild | Address                              |
|                   |                                                                                                                                                                                                                                                                                       | Telephone Number (include area code) |
|                   |                                                                                                                                                                                                                                                                                       | (      )                             |

- 45** Enter an "X" in the appropriate box:  
The deceased employee was female. ☐ Yes ▶ **Go to Item 48**  
☐ No ▶ **Go to Item 46**

- 46** Enter an "X" in the appropriate box:  
A child of employee is expected to be born. ☐ Yes ▶ **Go to Item 47**  
☐ No ▶ **Go to Item 48**

**47** Enter month and year child is expected.

| Month | Year |
|-------|------|
|       |      |

Parent's  
Annuity

- 48** Enter an "X" in the appropriate box:  
The employee was survived by a parent. ☐ Yes ▶ **Go to Item 49**  
☐ No ▶ **Go to Item 51**
- 49** Enter an "X" in the appropriate box:  
The parent was dependent on the employee for one-half support. ☐ Yes ▶ **Go to Item 50**  
☐ No ▶ **Go to Item 51**

|                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                               |                                                  |                                                                                                                                                                                                                                                                |       |      |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------|--|--|
| Parent's Annuity (Continued)                                                                                                                                        | <b>50</b> Enter the requested information for each dependent parent of the employee.                                                                                                                                                                                                                                                                                  |                                                                                                                                                               |                                                  |                                                                                                                                                                                                                                                                |       |      |  |  |
| <b>a</b> Name of Parent                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                       | Date of Birth                                                                                                                                                 | ▶                                                | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 2px;">Month</td><td style="width: 80%; padding: 2px;">Year</td></tr> <tr> <td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> | Month | Year |  |  |
| Month                                                                                                                                                               | Year                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                               |                                                  |                                                                                                                                                                                                                                                                |       |      |  |  |
|                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                               |                                                  |                                                                                                                                                                                                                                                                |       |      |  |  |
| Address and Telephone Number (include area code)                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                               |                                                  |                                                                                                                                                                                                                                                                |       |      |  |  |
| <b>b</b> Name of Parent                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                       | Date of Birth                                                                                                                                                 | ▶                                                | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 2px;">Month</td><td style="width: 80%; padding: 2px;">Year</td></tr> <tr> <td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> | Month | Year |  |  |
| Month                                                                                                                                                               | Year                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                               |                                                  |                                                                                                                                                                                                                                                                |       |      |  |  |
|                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                               |                                                  |                                                                                                                                                                                                                                                                |       |      |  |  |
| Address and Telephone Number (include area code)                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                               |                                                  |                                                                                                                                                                                                                                                                |       |      |  |  |
| Information About Applicant                                                                                                                                         | <b>51</b> Enter an "X" in the appropriate box:<br>I am the employee's widow(er) and I was living with the employee when the employee died. <div style="float: right;"> <input type="checkbox"/> Yes ▶ <b>Go to Section 7</b><br/> <input type="checkbox"/> No ▶ <b>Go to Item 52</b> </div>                                                                           |                                                                                                                                                               |                                                  |                                                                                                                                                                                                                                                                |       |      |  |  |
|                                                                                                                                                                     | <b>52</b> Enter an "X" in the appropriate box:<br>I am completing this application as a representative of a funeral home. <div style="float: right;"> <input type="checkbox"/> Yes ▶ <b>Go to Section 7</b><br/> <input type="checkbox"/> No ▶ <b>Go to Item 53</b> </div>                                                                                            |                                                                                                                                                               |                                                  |                                                                                                                                                                                                                                                                |       |      |  |  |
|                                                                                                                                                                     | <b>53</b> Enter an "X" in the appropriate box:<br>I am the employee's natural child, legally adopted child, equitably adopted child, deemed child, parent, grandchild, brother, sister, half-brother or half-sister. <div style="float: right;"> <input type="checkbox"/> Yes ▶ <b>Go to Item 54</b><br/> <input type="checkbox"/> No ▶ <b>Go to Section 6</b> </div> |                                                                                                                                                               |                                                  |                                                                                                                                                                                                                                                                |       |      |  |  |
| Children                                                                                                                                                            | <b>54</b> Enter the requested information for <b>any</b> surviving child(ren) of the employee (except stepchild(ren)) not listed in Item 44.                                                                                                                                                                                                                          |                                                                                                                                                               |                                                  |                                                                                                                                                                                                                                                                |       |      |  |  |
| Name of Child<br>(If none, enter "NONE")                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                       | Legal Relationship<br>(Check One)                                                                                                                             | Address and Telephone Number (include area code) |                                                                                                                                                                                                                                                                |       |      |  |  |
| <b>a</b>                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Natural<br><input type="checkbox"/> Legally Adopted<br><input type="checkbox"/> Equitably Adopted<br><input type="checkbox"/> Deemed |                                                  |                                                                                                                                                                                                                                                                |       |      |  |  |
| <b>b</b>                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Natural<br><input type="checkbox"/> Legally Adopted<br><input type="checkbox"/> Equitably Adopted<br><input type="checkbox"/> Deemed |                                                  |                                                                                                                                                                                                                                                                |       |      |  |  |
| <b>c</b>                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Natural<br><input type="checkbox"/> Legally Adopted<br><input type="checkbox"/> Equitably Adopted<br><input type="checkbox"/> Deemed |                                                  |                                                                                                                                                                                                                                                                |       |      |  |  |
| <div style="border: 1px solid black; border-radius: 15px; padding: 5px; display: inline-block;"> <b>Note: If any child is listed above, go to Section 6.</b> </div> |                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                               |                                                  |                                                                                                                                                                                                                                                                |       |      |  |  |
| Grand-Children                                                                                                                                                      | <b>55</b> Enter the requested information about the surviving grandchild(ren) of the employee not identified in Item 44 (except a stepgrandchild) no matter how old they are, what their marital status is, and regardless of whether the employee was supporting them.                                                                                               |                                                                                                                                                               |                                                  |                                                                                                                                                                                                                                                                |       |      |  |  |
| Name of Grandchild<br>(If none, enter "NONE")                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                       | Address and Telephone Number (include area code)                                                                                                              | Name at Birth of Parents                         |                                                                                                                                                                                                                                                                |       |      |  |  |
| <b>a</b>                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                               | Father<br><hr/> Mother                           |                                                                                                                                                                                                                                                                |       |      |  |  |
| <b>b</b>                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                               | Father<br><hr/> Mother                           |                                                                                                                                                                                                                                                                |       |      |  |  |

| Grand-Children<br>(Continued)                                                                                                                                  | Name of Grandchild<br>(If none, enter "NONE")                                                                                                                                                       | Address and Telephone Number (include area code) | Name at Birth<br>of Parents |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------------------------|
|                                                                                                                                                                | <b>55 c</b>                                                                                                                                                                                         |                                                  | Father                      |
|                                                                                                                                                                |                                                                                                                                                                                                     |                                                  | Mother                      |
|                                                                                                                                                                | <b>d</b>                                                                                                                                                                                            |                                                  | Father                      |
|                                                                                                                                                                |                                                                                                                                                                                                     |                                                  | Mother                      |
| <div style="border: 1px solid black; border-radius: 10px; padding: 5px; text-align: center;"> <b>Note: If any child is in Item 55, go to Section 6.</b> </div> |                                                                                                                                                                                                     |                                                  |                             |
| Brothers<br>and<br>Sisters                                                                                                                                     | <b>56</b> Enter the employee's surviving brothers, sisters, half-brothers and half-sisters. <b>Do Not</b> include stepbrothers or stepsisters. If you need additional space, continue in Section 8. |                                                  |                             |
|                                                                                                                                                                | Name (If none, enter "NONE")                                                                                                                                                                        | Address and Telephone Number (include area code) |                             |
|                                                                                                                                                                | <b>a</b>                                                                                                                                                                                            |                                                  |                             |
|                                                                                                                                                                | <b>b</b>                                                                                                                                                                                            |                                                  |                             |
|                                                                                                                                                                | <b>c</b>                                                                                                                                                                                            |                                                  |                             |
|                                                                                                                                                                | <b>d</b>                                                                                                                                                                                            |                                                  |                             |

## Section 6 Information About Burial Expenses

See Section 11 for additional instructions **before** answering questions in Section 6.

|                                    |                                                                                                                                                                                                                                                                                  |   |                                                                                                               |                               |
|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---------------------------------------------------------------------------------------------------------------|-------------------------------|
| Funeral<br>Home<br>Expenses        | <b>57</b> Enter the total amount of funeral home expenses.                                                                                                                                                                                                                       | ► | \$                                                                                                            |                               |
|                                    | <b>58</b> Enter the amount of funeral home expenses paid with your own money.<br>(If none, check box.)                                                                                                                                                                           | ► | \$                                                                                                            | <input type="checkbox"/> None |
|                                    | <b>59</b> Enter the amount of funeral home expenses paid with the employee's money.<br>(If none, check box.)                                                                                                                                                                     | ► | \$                                                                                                            | <input type="checkbox"/> None |
|                                    | <b>60</b> Enter the amount of funeral home expenses paid with any other person's money.<br>(If none, check box.)                                                                                                                                                                 | ► | \$                                                                                                            | <input type="checkbox"/> None |
|                                    | <b>61</b> Enter the amount of funeral home expenses which are still not paid.<br>(If none, check box.)                                                                                                                                                                           | ► | \$                                                                                                            | <input type="checkbox"/> None |
| If "None," go to Item 66           |                                                                                                                                                                                                                                                                                  |   |                                                                                                               |                               |
| Assumption<br>of<br>Responsibility | The RRB considers that a person has assumed responsibility for unpaid funeral home expenses if either the person has paid some portion of the total funeral home expenses, or there is an agreement between the person and the funeral home about how the expenses will be paid. |   |                                                                                                               |                               |
|                                    | <b>62</b> Enter an "X" in the appropriate box:<br>I have assumed responsibility for the funeral home expenses which are not paid.                                                                                                                                                | ► | <input type="checkbox"/> Yes   ► <b>Go to Item 65</b><br><input type="checkbox"/> No   ► <b>Go to Item 63</b> |                               |
|                                    | <b>63</b> Enter an "X" in the appropriate box:<br>Some other person or organization has assumed responsibility for the funeral home expenses which are not paid.                                                                                                                 | ► | <input type="checkbox"/> Yes   ► <b>Go to Item 64</b><br><input type="checkbox"/> No   ► <b>Go to Item 66</b> |                               |

|                                                   |                                                                                                                                                                                                                                                                                                                        |                                                   |  |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|--|
| Assumption<br>of<br>Responsibility<br>(Continued) | <b>64</b> Enter the full name of the person or organization who assumed responsibility then <b>go to Item 66.</b>                                                                                                                                                                                                      |                                                   |  |
|                                                   | Name                                                                                                                                                                                                                                                                                                                   |                                                   |  |
|                                                   | Address                                                                                                                                                                                                                                                                                                                | Telephone Number (include area code)<br>(       ) |  |
| Authorization<br>to Funeral<br>Home               | <b>65</b> If any of the funeral home expenses are unpaid, the lump-sum death payment (or a part of the lump-sum death payment equal to the amount of the unpaid funeral home expenses) can only be paid to the funeral home. However, before this payment can be made, you must authorize the RRB to make the payment. |                                                   |  |
|                                                   | I request the RRB to pay the lump-sum death payment to:<br>Name of funeral home                                                                                                                                                                                                                                        |                                                   |  |
|                                                   | Address of Funeral Home                                                                                                                                                                                                                                                                                                | Telephone Number (include area code)<br>(       ) |  |
|                                                   | <div style="border: 1px solid black; border-radius: 15px; padding: 10px; display: inline-block;"> <b>Note:</b> If there are unpaid funeral home expenses at more than one funeral home, show the name, address, and telephone number of the other funeral home(s) in Section 8.         </div>                         |                                                   |  |
|                                                   |                                                                                                                                                                                                                                                                                                                        |                                                   |  |
| Opening<br>and Closing<br>of Grave                | <b>66</b> Enter the total amount of the cost of opening and closing the grave not included in Item 57. <span style="float: right;">▶      \$                      <input type="checkbox"/> None</span><br>(If none, check box.) <span style="float: right;">If "None," go to Item 70</span>                            |                                                   |  |
|                                                   | When answering Items 67-77, consider any money you received from a life insurance policy or other death benefit <b>as your own</b> if you were named as the beneficiary for the policy or benefit. Also, consider money from any bank account as your own if you were one of the joint owners of the account.          |                                                   |  |
|                                                   | <b>67</b> Enter the amount of the grave opening and closing costs paid with your own money. <span style="float: right;">▶      \$                      <input type="checkbox"/> None</span><br>(If none, check box.)                                                                                                   |                                                   |  |
|                                                   | <b>68</b> Enter the amount of the grave opening and closing costs paid with the employee's money. <span style="float: right;">▶      \$                      <input type="checkbox"/> None</span><br>(If none, check box.)                                                                                             |                                                   |  |
|                                                   | <b>69</b> Enter the amount of the grave opening and closing costs paid with any other person's money. <span style="float: right;">▶      \$                      <input type="checkbox"/> None</span><br>(If none, check box.)                                                                                         |                                                   |  |
|                                                   |                                                                                                                                                                                                                                                                                                                        |                                                   |  |
| Burial<br>Plot                                    | <b>70</b> Enter the total amount of the cost of the burial plot not included in Item 57. <span style="float: right;">▶      \$                      <input type="checkbox"/> None</span><br>(If none, check box.) <span style="float: right;">If "None," go to Item 74</span>                                          |                                                   |  |
|                                                   | <b>71</b> Enter the amount of the burial plot paid with your own money. <span style="float: right;">▶      \$                      <input type="checkbox"/> None</span><br>(If none, check box.)                                                                                                                       |                                                   |  |
|                                                   | <b>72</b> Enter the amount of the burial plot paid with the employee's money. <span style="float: right;">▶      \$                      <input type="checkbox"/> None</span><br>(If none, check box.)                                                                                                                 |                                                   |  |
|                                                   | <b>73</b> Enter the amount of the burial plot paid with any other person's money. <span style="float: right;">▶      \$                      <input type="checkbox"/> None</span><br>(If none, check box.)                                                                                                             |                                                   |  |
|                                                   |                                                                                                                                                                                                                                                                                                                        |                                                   |  |

| Other<br>Burial<br>Expenses                             | <div style="border-bottom: 1px solid black; padding-bottom: 10px;"> <b>74</b> Enter the amount of other burial expenses not included in Item 57.<br/>(If none, check box.) <div style="float: right; text-align: right;"> <input type="checkbox"/> None </div> </div> <div style="text-align: right; padding-right: 50px;">         ▶ \$ </div> <div style="text-align: right; padding-right: 50px;">         If "None," go to Item 78 </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                             |                                   |                 |                                                         |  |    |                                                         |  |    |  |  |    |
|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------------|-----------------|---------------------------------------------------------|--|----|---------------------------------------------------------|--|----|--|--|----|
|                                                         | <div style="border-bottom: 1px solid black; padding-bottom: 10px;"> <b>75</b> Enter the amount of other burial expenses paid with your own money.<br/>(If none, check box.) <div style="float: right; text-align: right;"> <input type="checkbox"/> None </div> </div> <div style="text-align: right; padding-right: 50px;">         ▶ \$ </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                             |                                   |                 |                                                         |  |    |                                                         |  |    |  |  |    |
|                                                         | <div style="border-bottom: 1px solid black; padding-bottom: 10px;"> <b>76</b> Enter the amount of other burial expenses paid with the employee's money.<br/>(If none, check box.) <div style="float: right; text-align: right;"> <input type="checkbox"/> None </div> </div> <div style="text-align: right; padding-right: 50px;">         ▶ \$ </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                             |                                   |                 |                                                         |  |    |                                                         |  |    |  |  |    |
|                                                         | <div style="border-bottom: 1px solid black; padding-bottom: 10px;"> <b>77</b> Enter the amount of other burial expenses paid with any other person's money.<br/>(If none, check box.) <div style="float: right; text-align: right;"> <input type="checkbox"/> None </div> </div> <div style="text-align: right; padding-right: 50px;">         ▶ \$ </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             |                                   |                 |                                                         |  |    |                                                         |  |    |  |  |    |
| Other<br>Federal<br>Allowances                          | <div style="border-bottom: 1px solid black; padding-bottom: 10px;"> <b>78</b> Enter an "X" in the appropriate box:<br/>An application for a burial allowance has been, or will be, filed with the Department of Veterans Affairs or other Federal Agency. <div style="float: right; text-align: right;"> <input type="checkbox"/> Yes ▶ Go to Item 79<br/> <input type="checkbox"/> No ▶ Go to Item 80 </div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 10px;"> <b>79</b> Enter the requested information about who the application for a burial allowance has been, or will be, filed with. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 30%;">Agency</th><th style="width: 40%;">Name of Person Filing with Agency</th><th style="width: 30%;">Amount</th></tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Department of Veterans Affairs</td><td></td><td style="text-align: center;">\$</td></tr> <tr> <td><input type="checkbox"/> Other Federal Agency (Specify)</td><td></td><td style="text-align: center;">\$</td></tr> </tbody> </table> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Agency                      | Name of Person Filing with Agency | Amount          | <input type="checkbox"/> Department of Veterans Affairs |  | \$ | <input type="checkbox"/> Other Federal Agency (Specify) |  | \$ |  |  |    |
| Agency                                                  | Name of Person Filing with Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Amount                      |                                   |                 |                                                         |  |    |                                                         |  |    |  |  |    |
| <input type="checkbox"/> Department of Veterans Affairs |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | \$                          |                                   |                 |                                                         |  |    |                                                         |  |    |  |  |    |
| <input type="checkbox"/> Other Federal Agency (Specify) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | \$                          |                                   |                 |                                                         |  |    |                                                         |  |    |  |  |    |
| Reimburse-<br>ment                                      | <div style="border-bottom: 1px solid black; padding-bottom: 10px;"> <p>If you did not pay any of the burial expense, <b>go to Item 82.</b></p> <p>When answering Items 80 and 81, DO NOT consider any money you received from a life insurance policy or other death benefit if you received the money because you were named beneficiary for the policy or benefit. DO NOT consider any money from any bank account if you were one of the joint owners of the account. Also, DO NOT consider any money, goods, or property that you inherited from the employee under the provisions of a valid will or applicable state law.</p> </div> <div style="border-bottom: 1px solid black; padding-bottom: 10px;"> <b>80</b> Enter an "X" in the appropriate box:<br/>I have received, or I will receive, money or property (real estate or other goods) to pay me back for the burial expenses I paid. <div style="float: right; text-align: right;"> <input type="checkbox"/> Yes ▶ Go to Item 81<br/> <input type="checkbox"/> No ▶ Go to Item 82 </div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 10px;"> <b>81</b> Enter the requested information for each source of payment to you. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 45%;">Source of Money or Property</th><th style="width: 25%;">Date Received or Expected</th><th style="width: 30%;">Amount of Value</th></tr> </thead> <tbody> <tr> <td></td><td></td><td style="text-align: center;">\$</td></tr> <tr> <td></td><td></td><td style="text-align: center;">\$</td></tr> <tr> <td></td><td></td><td style="text-align: center;">\$</td></tr> </tbody> </table> </div> | Source of Money or Property | Date Received or Expected         | Amount of Value |                                                         |  | \$ |                                                         |  | \$ |  |  | \$ |
| Source of Money or Property                             | Date Received or Expected                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Amount of Value             |                                   |                 |                                                         |  |    |                                                         |  |    |  |  |    |
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| Estate                                                  | <div style="border-bottom: 1px solid black; padding-bottom: 10px;"> <b>82</b> Enter an "X" in the appropriate box:<br/>A court appointed administrator or executor has been appointed. (Answer "No" if someone has been named in the employee's will only.) <div style="float: right; text-align: right;"> <input type="checkbox"/> Yes ▶ Go to Item 83<br/> <input type="checkbox"/> No ▶ Go to Item 84 </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                             |                                   |                 |                                                         |  |    |                                                         |  |    |  |  |    |

| Estate<br>(Continued)                                                   | <b>83</b> Enter the requested information about the administrator or executor.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                  |                                        |        |          |                                                                                                                                                                   |    |          |                                                                                                                                                                   |    |          |                                                                                                                                                                   |    |          |                                                                                                                                                                   |    |
|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|----------------------------------------|--------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| <b>a</b> Name<br>(If applicant, enter "SELF" and <b>go to Item 84</b> ) | ▶                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                  |                                        |        |          |                                                                                                                                                                   |    |          |                                                                                                                                                                   |    |          |                                                                                                                                                                   |    |          |                                                                                                                                                                   |    |
| <b>b</b> Address                                                        | ▶                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                  |                                        |        |          |                                                                                                                                                                   |    |          |                                                                                                                                                                   |    |          |                                                                                                                                                                   |    |          |                                                                                                                                                                   |    |
| <b>c</b> Telephone Number (include area code)                           | ▶ (      )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |                                        |        |          |                                                                                                                                                                   |    |          |                                                                                                                                                                   |    |          |                                                                                                                                                                   |    |          |                                                                                                                                                                   |    |
| Other<br>Payers of<br>Burial<br>Expenses                                | <b>84</b> Answer only if any other person or organization paid any of the burial expenses.<br><br>Enter the requested information for each source who paid expenses.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                  |                                        |        |          |                                                                                                                                                                   |    |          |                                                                                                                                                                   |    |          |                                                                                                                                                                   |    |          |                                                                                                                                                                   |    |
|                                                                         | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Name, Address, and Telephone Number<br/>of Person or Organization</th><th style="width: 30%;">Type of Burial Expenses<br/>(Check One)</th><th style="width: 20%;">Amount</th></tr> </thead> <tbody> <tr> <td style="text-align: center; vertical-align: top; padding: 5px;"><b>a</b></td><td style="padding: 5px;"> <input type="checkbox"/> Funeral Home<br/> <input type="checkbox"/> Grave Opening/Closing<br/> <input type="checkbox"/> Burial Plot<br/> <input type="checkbox"/> Other               </td><td style="text-align: center; vertical-align: top; padding: 5px;">\$</td></tr> <tr> <td style="text-align: center; vertical-align: top; padding: 5px;"><b>b</b></td><td style="padding: 5px;"> <input type="checkbox"/> Funeral Home<br/> <input type="checkbox"/> Grave Opening/Closing<br/> <input type="checkbox"/> Burial Plot<br/> <input type="checkbox"/> Other               </td><td style="text-align: center; vertical-align: top; padding: 5px;">\$</td></tr> <tr> <td style="text-align: center; vertical-align: top; padding: 5px;"><b>c</b></td><td style="padding: 5px;"> <input type="checkbox"/> Funeral Home<br/> <input type="checkbox"/> Grave Opening/Closing<br/> <input type="checkbox"/> Burial Plot<br/> <input type="checkbox"/> Other               </td><td style="text-align: center; vertical-align: top; padding: 5px;">\$</td></tr> <tr> <td style="text-align: center; vertical-align: top; padding: 5px;"><b>d</b></td><td style="padding: 5px;"> <input type="checkbox"/> Funeral Home<br/> <input type="checkbox"/> Grave Opening/Closing<br/> <input type="checkbox"/> Burial Plot<br/> <input type="checkbox"/> Other               </td><td style="text-align: center; vertical-align: top; padding: 5px;">\$</td></tr> </tbody> </table> | Name, Address, and Telephone Number<br>of Person or Organization | Type of Burial Expenses<br>(Check One) | Amount | <b>a</b> | <input type="checkbox"/> Funeral Home<br><input type="checkbox"/> Grave Opening/Closing<br><input type="checkbox"/> Burial Plot<br><input type="checkbox"/> Other | \$ | <b>b</b> | <input type="checkbox"/> Funeral Home<br><input type="checkbox"/> Grave Opening/Closing<br><input type="checkbox"/> Burial Plot<br><input type="checkbox"/> Other | \$ | <b>c</b> | <input type="checkbox"/> Funeral Home<br><input type="checkbox"/> Grave Opening/Closing<br><input type="checkbox"/> Burial Plot<br><input type="checkbox"/> Other | \$ | <b>d</b> | <input type="checkbox"/> Funeral Home<br><input type="checkbox"/> Grave Opening/Closing<br><input type="checkbox"/> Burial Plot<br><input type="checkbox"/> Other | \$ |
| Name, Address, and Telephone Number<br>of Person or Organization        | Type of Burial Expenses<br>(Check One)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Amount                                                           |                                        |        |          |                                                                                                                                                                   |    |          |                                                                                                                                                                   |    |          |                                                                                                                                                                   |    |          |                                                                                                                                                                   |    |
| <b>a</b>                                                                | <input type="checkbox"/> Funeral Home<br><input type="checkbox"/> Grave Opening/Closing<br><input type="checkbox"/> Burial Plot<br><input type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | \$                                                               |                                        |        |          |                                                                                                                                                                   |    |          |                                                                                                                                                                   |    |          |                                                                                                                                                                   |    |          |                                                                                                                                                                   |    |
| <b>b</b>                                                                | <input type="checkbox"/> Funeral Home<br><input type="checkbox"/> Grave Opening/Closing<br><input type="checkbox"/> Burial Plot<br><input type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | \$                                                               |                                        |        |          |                                                                                                                                                                   |    |          |                                                                                                                                                                   |    |          |                                                                                                                                                                   |    |          |                                                                                                                                                                   |    |
| <b>c</b>                                                                | <input type="checkbox"/> Funeral Home<br><input type="checkbox"/> Grave Opening/Closing<br><input type="checkbox"/> Burial Plot<br><input type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | \$                                                               |                                        |        |          |                                                                                                                                                                   |    |          |                                                                                                                                                                   |    |          |                                                                                                                                                                   |    |          |                                                                                                                                                                   |    |
| <b>d</b>                                                                | <input type="checkbox"/> Funeral Home<br><input type="checkbox"/> Grave Opening/Closing<br><input type="checkbox"/> Burial Plot<br><input type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | \$                                                               |                                        |        |          |                                                                                                                                                                   |    |          |                                                                                                                                                                   |    |          |                                                                                                                                                                   |    |          |                                                                                                                                                                   |    |

## Section 7

### Direct Deposit

**Do not complete this section if your account is at a foreign bank.**

|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Direct<br>Deposit                                                                                                           | Benefits are normally paid by Direct Deposit to your bank, savings and loan, credit union, or other financial institution. To provide the information we need to correctly deposit your payments, <b>attach a voided personal check and go to Section 8</b> , or call your financial institution for the information you need to complete Items 85-89. If you do not have a bank account, or receiving your payments by Direct Deposit causes you a hardship, <b>go to Item 90</b> . |
| <b>85</b> Print the name of your financial institution.                                                                     | ▶                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>86</b> Print the telephone number (including area code) for your financial institution.                                  | ▶ (      )                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>87</b> Print the routing transit number of your financial institution.                                                   | ▶                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>88</b> Print your account number.                                                                                        | ▶                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>89</b> Enter an "X" in the appropriate box:<br>Type of account for the above account number.                             | <input type="checkbox"/> Checking<br><input type="checkbox"/> Savings<br><div style="text-align: right;"><b>Go to Section 8</b></div>                                                                                                                                                                                                                                                                                                                                                |
| <b>90</b> Check this box if you do not have a checking or savings account, or if Direct Deposit would cause you a hardship. | ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

### Remarks

**91** 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.

[illegible]

## Section 9 Certification

Certification

**92** I know that if I make a false or fraudulent statement in order to receive benefits from the Railroad Retirement Board (RRB), I am committing a crime which is punishable under Federal law.

If I receive the lump-sum death payment because I paid the employee's burial expenses, I also agree not to request or accept reimbursement from another party for that part of the burial expenses for which I am reimbursed by the lump-sum death payment.

I have received the appropriate application booklet.

I certify that the information I gave to the RRB on this application is true to the best of my knowledge.

**Signature**

(First Name, Middle Initial,  
Last Name)



|  |
|--|
|  |
|--|

**Date**



| Month | Day | Year |
|-------|-----|------|
|       |     |      |

**93** If this application is signed by mark ("X") in Item 92, 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 (include area code)

(       )

**b Signature of Witness**

Address (Number and Street)

City, State, and ZIP Code

Daytime Telephone Number (include area code)

(       )

## Section 10 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** question space for which you were unable to answer the 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 receive your 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 shown on the last page of this application. 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 itself**
- **Additional forms you were asked to complete**

**Note:** A receipt for your application will be sent to you after the RRB receives your completed and signed application. When you receive the receipt, you will know that the RRB has received your application and has started the work needed to determine if you are entitled to benefits. If you do not receive your receipt within a month after you filed this application, please contact us so we can find out what is causing the delay.

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## Section 11 Additional Instructions

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This section contains more detailed instructions or explanations for a few of the items on the application form. Whenever the instructions on the Form AA-21 refer you to Section 11, you should read this section for the particular question or section **before** you complete that part of the application. This section can be detached from the Form AA-21 packet before the application is returned to the Railroad Retirement Board (RRB).

---

### Item 43

The RRB may be able to pay an annuity to a child of a deceased employee if the child meets certain requirements. When we use the word "child," we are including all of the following categories of children:

- Natural child
- Stepchild
- Legally adopted child
- Equitably adopted child (that is, the employee intended to adopt the child but a legal adoption was not complete before the employee died)
- Deemed child (that is, a child who is born during an invalid marriage)
- Grandchild
- Stepgrandchild

In order to be considered for an annuity, the child must be unmarried. In addition, the child must be:

- under age 18; or
- age 18 or older and became disabled before age 22 and the disability is not expected to ever go away; or
- age 18-19 and is attending high school full time.

If the child is the employee's stepchild, the employee must have been providing at least one-half support. If the child is the employee's grandchild or stepgrandchild, the employee must have been providing at least one-half of the child's support and either the child's own parents were dead or disabled or the child was legally adopted by the employee's widow or widower.

Even if there are no children who meet these requirements right now, a child's annuity may be able to be paid if any child met all the requirements in the month the employee died or later or, if the employee died more than six months ago, if any child met these requirements anytime in the last six months.

If there is any child who meets these requirements, put an "X" in the "YES" box. In addition, you, some other adult acting for the child, or the child should contact the RRB as soon as possible and request information about children's annuities.

---

### Section 6 (Items 57-84)

**Section 6:** Information About Burial Expenses requires various information about the types of burial expenses which have resulted from the employee's death and about the people who paid these expenses and the money which was used to pay the expenses. Please refer to the following definitions when completing Items 57-84.

#### • Burial Expenses

Burial expenses include any expenses which arose in connection with the burial or cremation of the employee's body. These include the burial plot, casket, clothing, cremation, death certificates, embalming, flowers, hearse and car for funeral procession, minister, monument, newspaper notice, niche, opening and closing of grave, permits, perpetual care of grave, preparation of body for burial, religious services, telegrams, telephone calls, transportation of the body, traveling expenses of the person escorting the corpse or completing burial arrangements, and so on.

#### • Funeral Expenses

Funeral expenses include any of the above burial expenses if the expense is incurred by or through the funeral home. In other words, any burial expense which is included in the funeral home's charges is considered a funeral expense.

#### • Burial Plot Cost

The cost of the burial plot is the value of the plot at the time the employee is buried, even if the plot was purchased before the employee's death. If the plot in which the employee is buried is part of a multiple plot, only the portion of the value of the plot which corresponds to the portion of the plot in which the employee is buried is considered the burial plot cost.

*Continued on Page 15*

- **Other Burial Expenses**

Any burial expense which is not included in the funeral home's charges, is not the cost of opening and closing of the grave and is not the burial plot cost can be included in the total other burial expenses.

- **Your Own Money**

You should consider that you paid expenses with your own money if the money used to pay the expenses was:

- Your own personal funds.
- Money from a joint bank account owned by you and the employee.
- Money from an insurance policy if you were the beneficiary of the policy.
- A death benefit from a fraternal association, union, or employer if you were named beneficiary of the benefits.
- Money paid by an institution, organization, or association of which you are applying as the representative.

- **The Employee's Money**

No matter who makes the actual payment, consider that burial expenses were paid with the employee's money if the money used to make the payment was:

- cash which the employee had at death;
- money which was in a bank account which was owned by the employee;
- money obtained by selling any of the employee's property;
- unpaid wages which an employer was holding;
- money from a trust fund or money from an insurance policy which the employee owned, if there was no beneficiary or if all the beneficiaries died before the employee; or
- any payment made to a funeral home by the employee prior to the employee's death as part of a pre-need burial plan.

- **Other Person's Money**

Any portion of the burial expenses which has been paid using funds other than those considered to be your own money or the employee's money should be shown as expenses paid with any other person's money. The term "person" can be applied to an individual, partnership, organization, fraternal association or government unit.

- **Reimbursement**

The lump-sum death payment may be paid as a reimbursement to the person(s) who paid the employee's burial expenses. An individual who receives the lump-sum death payment on this basis agrees not to request or accept reimbursement from another party for that part of the burial expenses reimbursed by the lump-sum death payment.

You must submit proof of payment of the burial expenses. Part V of the booklet **RB-21, Lump-Sum Death Payment, Residual Lump-Sum, and Annuities Unpaid at Death**, explains what proof is acceptable. If there are certain expenses such as flowers, telegrams, phone calls or payments for a religious ceremony for which you did not receive a receipt, use Section 8 to list the expenses and the amount of each expense.

**Note:** If you are applying on behalf of a medical school, dental school, or anatomical board, use Section 8 to show the date of final disposition of the employee's body (that is, the date when the body was buried or when the ashes from the cremation were scattered or otherwise put to rest). If there has been no final disposition of the body, indicate that in Section 8.