Instructions for Completing Form SSA-1696-SUP1

Keep a copy of this form for your records

In this document, "you" means the claimant, beneficiary, auxiliary beneficiary, or spouse. "Us", "we", and "SSA" means the Social Security Administration.

General Information About This Form
This form is optional. Complete it only when applicable.

Revocation of a Representative's Appointment
You may use this form to revoke (end) an appointed representative's authority at any time during the processing of your claim. You must sign and date your revocation and file it with us, either in-person at one of our offices, or by electronic upload, mail, or fax. You can find your local office at www.ssa.gov/locator. You should also tell your representative. Your revocation will take effect on the day we receive the signed and dated document. After that, we will no longer deal with the named representative. If you have no other representatives, you may continue your claim without a representative or appoint a new representative. If the individual you revoke is your principal representative and you still have other appointed representatives, you must give us the name of your new principal representative.

Privacy Act Statement - Collection and Use of Personal Information

Sections 206 and 1631(d) of the Social Security Act, as amended, allow us to collect this information, which we will use to verify the appointment of your representative and document your revocation. Providing this information is voluntary but not providing all or part of the information may prevent us from assisting you with the request. As law permits, we may use and share the information you submit, including with other Federal agencies, contractors, and others, as outlined in the routine uses within System of Records Notices 60-0089, 60-0320, and 60-0325, available at www.ssa.gov/privacy. The information you submit may also be used in computer matching programs for Federal benefits eligibility or to recoup debts under these programs.

Paperwork Reduction Act Statement

This information collection meets the clearance requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 5 minutes to read the instructions, gather the facts, and answer the questions. You may send us your comments on our estimated completion time to **SSA, Office of Disability Policy, 6401 Security Blvd., Baltimore, MD 21235-6401**. Send only comments relating to our time estimate to this address, not the completed form.

References
• 20 CFR §§ 404.1700 et. seq. and 416.1500 et. seq.

Claimant's Revocation of the Appointment of a Representative

You, the claimant, can stop your representative from working on your behalf. Complete, sign, and date the form below and submit it to one of our offices. Use a separate form for each appointment you want to revoke. Do not forget to enter your Social Security Number and your representative's identification number (Rep ID), if you know it.

Claimant's Information

Claimant's Social Security Number

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Claimant's First Name	**Initial**	**Last Name**

Claimant's Address

City	**State**	**ZIP/Postal Code**

Representative's Information

Representative's Rep ID

I revoke the appointment of a representative that I previously appointed. I understand that this representative may be entitled to a fee. The representative is:

Representative's First Name	**Initial**	**Last Name**

Complete If Necessary: This representative was my principal representative. I have appointed multiple representatives, and I now name as my new principal representative:

Representative's First Name	**Initial**	**Last Name**

Representative's Address

City	**State**	**ZIP/Postal Code**

Claimant's Signature	**Date**