

TRANSFER TO: XXXX RSDHI CLAIMS APPLICATION APPL  
[1-M]

NH NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
[2-M] [3-M]

SSN: SSSSSSSS SEX: X NH BIRTHDATE: 99999999

[4-M] [5-C]

PROOF (A/B/C/F/Q): X PROOF TYPE (P/H/N/O): X

[6-M]

SELECT CLAIM TYPE(S): 9 9 9 1. RETIREMENT 4. AUXILIARY 7. AGE 72

2. DISABILITY 5. UNINS MED ONLY 8. ESRD

[7-C] 3. SURVIVOR 6. LUMP SUM

ABBREVIATED APPLICATION: X

CLAIMANT (IF DIFFERENT)

[8-C]

NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

[9-C] [10-C] [11-C]

SSN: 999999999 SEX: X BIRTHDATE: 99999999

[12-C] [13-C]

PROOF (A/B/C/F/Q): X PROOF TYPE (P/H/N/O): X

[14-C] [15-C]

RELATIONSHIP TO NH: 9 1. SPOUSE (SUBSEQUENT CLAIM: 9) 1. RIB

2. SPOUSE WITH CHILD IN CARE 2. DIB

3. CHILD

APPLICANT (IF DIFFERENT) 4. DEPENDENT PARENT

[16-C]

NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

[17-C] [18-C] [19-C]

SSN: 999999999 EIN: 999999999 WILL APPLICANT BE ENTERED IN RPS (Y/N): X

MCS

CLAIM CONTACT METHOD DATA

CCMD

NH:

CL:

SELECT CONTACT METHOD FOR ESTABLISHING APPLICATION

\*CLAIM TYPE: PARENT CONTACT METHOD 1: 02

CLAIM TYPE: CONTACT METHOD 2: —

CLAIM TYPE: CONTACT METHOD 3: —

1=TELEPHONE -CLAIM INITIATED OVER THE PHONE, USUALLY BY APPOINTMENT

2=VISIT -CLAIM INITIATED IN PERSON WITH THE CLAIMANT

3=MAIL -RECEIVED PAPER APPLICATION IN THE MAIL AND LOADED IN MCS

4=INTERNET -CLAIM STARTED AND COMPLETED ON THE INTERNET

5=ICT -CLAIM ORIGINATED THROUGH 800 NUMBER AND REFERRED TO ICT UNIT

6=OTHER -NO OTHER CM VALUE IS CURRENTLY APPROPRIATE.

UNSATISFIED FELONY WARRANTS FOR YOUR ARREST? (Y/N): —

UNSATISFIED FEDERAL/STATE WARRANTS FOR VIOLATION OF PROBATION/PAROLE? (Y/N): —

\*IF AWARDED DO YOU WANT A PASSWORD TO USE THE INTERNET/PHONE SERVICE? (Y/N): N

SELECT MAILING METHOD (BLIND NOTICE INFORMATION) TYPE: —

1-CERTIFIED MAIL 2=TELEPHONE CONTACT 3=REGULAR MAIL.

PF1 FOR HELP

TRANSFER TO: —

MCS TRANSFER TO: XXXX IDENTIFICATION IDEN  
NH SSSSSSSSS SSSSS SSSSSSSSSS CL SSSSSSSSS SSSSS SSSSSSSSSS

[1-M]

LANGUAGE SPOKEN AND WRITTEN IS ENGLISH (Y/N): X

[2-M]

[3-C]

[4-C]

BIRTH CITY: XXXXXXXXXXXXXXXX BIRTH STATE: XX BIRTH COUNTRY: XX

[5-M]

[6-M]

RECORD OF BIRTH BEFORE AGE 5: PUBLIC (Y/N): X RELIGIOUS (Y/N): X

[7-C]

OTHER NAMES USED: XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXX

XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXX

XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXX

XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXX

XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXX

[8-M]

[9-M]

[10-M]

EVER MARRIED (Y/N): X CURRENTLY MARRIED (Y/N): X DEP CHILDREN (Y/N): X

[11-M]

WORK OR EARNINGS IN 19SS 19SS 19SS 19SS (Y/N): X

[12-M]

[13-C]

DISABLED IN LAST 14 MONTHS (Y/N): X ONSET DATE: 99999999

[14-C]

IF YES, APPLYING FOR DISABILITY ON THIS ACCOUNT (Y/N): X

[15-M]

[16-M]

[17-M]

PRIOR APPLICATION FOR RSDI (Y/N): X FOR SSI (Y/N): X FOR MEDICARE (Y/N): X

[18-C]

[19-C]

CROSS REFERENCE SSN: 999999999 STAT: XX SSN: 999999999 STAT: XX

[20-C]

[21-C]

NH NAME IN PRIOR APPLICATION: XXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXX SSN: 999999999

NH NAME IN PRIOR APPLICATION: XXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXX SSN: 999999999

[22-C]

MULTIPLE SSN: 999999999 999999999 999999999 999999999 999999999

mcs TRANSFER TO: XXXX ADDITIONAL BENEFITS ADDB  
NH SSSSSSSSS SSSSS SSSSSSSSSS CL SSSSSSSSS SSSSS SSSSSSSSSS

[1-M]

ACTIVE U.S. MILITARY/RESERVE/NATL GUARD SERVICE AFTER SEPT 7 1939 (Y/N): X

[2-M]

[3-C]

WORKED IN RR FOR 5 YEARS OR MORE (Y/N): X SPOUSE (Y/N): X

[4-M]

[5-C]

RECEIVING RR RETIREMENT PENSION/ANNUITY (Y/N): X SPOUSE (Y/N): X

[6-M]

[7-C]

COVERED UNDER FOREIGN SSA (Y/N): X COUNTRY: XXXXXXXXXXXX IF COVERED,

[8-C]

[9-C]

FILING FOR FOREIGN SSA (Y/N): X REQUIRES FOREIGN QC'S FOR US FILING (Y/N): X

[10-C]

[11-C]

SPOUSE COVERED UNDER SSA OF OTHER COUNTRY (Y/N): X COUNTRY: XXXXXXXXXXXX

[12-M]

[13-C]

CIVILIAN EMPLOYEE OF FEDERAL GOVT IN JAN 1983 (Y/N): X SPOUSE (Y/N): X

[14-M]

[15-C]

JAPANESE INTERNEE (Y/N): X VOW OF POVERTY (Y/N):

[16-M]

QUALIFY FOR US FED/STATE/LOCAL GOVT PENSION BASED ON ANY WORK YOU PERFORMED  
which was NOT COVERED UNDER SSA (Y/N): x

[17-M]

CURRENTLY ENTITLED TO A PENSION NOT COVERED UNDER SSA (Y/N): X

[18-C]

IF NO, DO YOU EXPECT TO BE ENTITLED TO A PENSION NOT COVERED UNDER SSA IN THE FUTURE (Y/N): X

[19-C]

IF YES, SHOW FUTURE ENTITLEMENT DATE (MMYY): 9999

[20-C]

FILING FOR MEDICARE ONLY, RESTRICTING MONTHLY BENEFITS (Y/N): X

[21-C]

WILL MEDICARE APPLY: 9 1. YES 2. NO 3. ALREADY ENROLLED ON ANOTHER SSN

[22-M]

IF CLAIMANT IS FILING AS A SURVIVING SPOUSE, IS CLAIMANT

FILING FOR BENEFITS ON OWN RECORD (Y/N): X

TRANSFER TO: XXXX NH IDENTIFICATION NHID  
NH SSSSSSSSS SSSSS SSSSSSSSSS CL SSSSSSSSS SSSSS SSSSSSSSSS

[1-M]

EVER MARRIED (Y/N): X

[2-M]

NH DEP CHILDREN (Y/N): X

[3-M]

NH DEP PARENTS (Y/N): X

[4-M]

WORK LAST YEAR OR THIS YEAR (Y/N): X

[5-M]

[6-M]

[7-M]

PRIOR APPLICATION FOR RSDI (Y/N): X FOR SSI (Y/N): X FOR MEDICARE (Y/N): X

[8-C]

[9-C]

CROSS REFERENCE SSN: 999999999 STAT: XX SSN: 999999999 STAT: XX

[10-C]

[11-C]

NH NAME IN PRIOR APPLICATION: XXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXX SSN: 999999999

NH NAME IN PRIOR APPLICATION: XXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXX SSN: 999999999

[12-C]

MULTIPLE SSN: 999999999 999999999 999999999 999999999 999999999

[13-C]

OTHER NAMES: XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXX

XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXX

XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXX

XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXX

XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXX

MCS TRANSFER TO: XXXX INFORMATION ABOUT THE DECEASED DECD  
NH SSSSSSSSS SSSSS SSSSSSSSSSS CL SSSSSSSSS SSSSS SSSSSSSSSSS

[1-M] [2-M] [3-C]

DATE OF DEATH: 99999999 PROOF (P/N): X TYPE OF PROOF (P/O): X

[4-M]

DOMICILE AT DEATH: XXXXXXXXXXXXXXXX

[5-M]

PLACE OF DEATH (CITY/STATE): XXXXXXXXXXXXXXXX

[6-M]

[7-C]

DISABLED AT TIME OF DEATH (Y/N): X DISABILITY BEGAN: 999999

[8-C]

WAS CLAIMANT ELIGIBLE AS WIDOW(ER) PRIOR TO 1985 ON ANY SSN (Y/N): X

[9-C]

SURVIVING SPOUSE (Y/N): X

[10-C]

NAME: XXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXX

[11-C]

ADDRESS: XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX

[12-C]

SPOUSE LIVING WITH DECEASED AT TIME OF DEATH (Y/N): X

[13-C]

[14-C]

AWAY FROM HOME: 9 1. DECEASED DATE LAST HOME: 999999  
2. SPOUSE

[15-C]

REASON FOR SEPARATION AT DEATH:  
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

[16-C]

IF DUE TO ILLNESS, NATURE OF ILLNESS:  
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

[17-C]

REASON ABSENCE BEGAN:  
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

[18-C]

IS SPOUSE: 9 1. LIVING IN SAME HOUSEHOLD 2. ELIGIBLE OR ENTITLED TO BENS  
3. NOT ENTITLED TO LSDP

MCS 2.7 TRANSFER TO: XXXX NH ADDITIONAL BENEFITS  
NHAB

NH SSSSSSSSSS SSSSS SSSSSSSSSS CL SSSSSSSSS SSSSS SSSSSSSSSS

[1-M]

ACTIVE U.S. MILITARY/RESERVE/NATL GUARD SERVICE AFTER SEPT 7 1939  
(Y/N): X

[2-M]

WORKED IN RR FOR 7 YEARS OR MORE (Y/N): X

[3-M]

RECEIVING RR RETIREMENT PENSION/ANNUITY (Y/N): X

[4-M]

[5-C]

[6-C]

COVERED UNDER FOREIGN SSA (Y/N): X COUNTRY: XXXXXXXXXXXX IF  
COVERED,

[7-C]

FILING FOR FOREIGN SSA (Y/N): X REQUIRES FOREIGN QC'S FOR US FILING  
(Y/N): X

[8-M]

CIVILIAN EMPLOYEE OF FEDERAL GOVT IN JAN 1983 (Y/N): X

[9-M]

[10-M]

JAPANESE INTERNEE (Y/N): X

VOW OF POVERTY (Y/N): X

NH SSSSSSSSSS SSSSS SSSSSSSSSSSS CL SSSSSSSSSS SSSSS SSSSSSSSSSSS

TYPES ARE: 1=WAGES 2=SEI 3=WAGES AND SEI PRF: P=PERM

[1-C]   [2-C]   [3-C]

| YEAR | TYPE | AMOUNT | ALL | NONE | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | PRF | FY | ENDS |
|------|------|--------|-----|------|----|----|----|----|----|----|----|----|----|----|----|----|-----|----|------|
|------|------|--------|-----|------|----|----|----|----|----|----|----|----|----|----|----|----|-----|----|------|

SS S SSSSSSSSSS X X X X X X X X X X X X X X X 99

[6]

[7-M]

[9-C]

(YY) ALL 01 02 03 04 05 06 07 08 09 10 11 12

99 X X X X X X X X X X X X

[10-M]

ELECTION/ENTITLEMENT OPTION: X DATE(MMY): 9999

### C. CLAIMANT'S CHOSEN MONTH      D. UNREDUCED CLAIMANT

[illegible]

MCS 3.2 TRANSFER TO: XXXX CL DEPENDENT PARENT CPAR  
NH SSSSSSSSS SSSSS SSSSSSSSSSS CL SSSSSSSSS SSSSS  
SSSSSSSSSS

DEPENDENT PARENTS:

NAME: SSSSSSSSS S SSSSSSSSSSSSSSSSSSSSS

[1-M]

ADDRESS: XXXXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX

[2-M]

PARENT TYPE: 9 1. NATURAL 2. STEPPARENT 3. ADOPTIVE

[3-C]

IF STEPPARENT, DATE OF STEP-RELATIONSHIP: 999999

[4-C]

IF ADOPTIVE PARENT, DATE OF ADOPTION: 999999

IF PARENT IS ALSO THE CLAIMANT ANSWER THE FOLLOWING

[5-M]

DID THE CLAIMANT RECEIVE 1/2 SUPPORT FROM THE DECEASED (Y/N): X

[6-C]

PROOF OF SUPPORT PREVIOUSLY FILED (Y/N): X

[7-C]

IF NO, PROOF FURNISHED NOW (Y/N): X

[8C]

PROOF OF PARENT RELATIONSHIP (Y/N): X

[9-C]

HAS CLAIMANT REMARRIED SINCE NUMBER HOLDER DIED (Y/N): X

COMM CITIZENSHIP (U.S. AND/OR FOREIGN) CLCZ

[1-D] [2-D] [3-D]

NH: SSSSSSSSS SSSSS SSSSSSSSSS BN: SSSSSSSSS SSSSS  
SSSSSSSSS PIC: SSS

[4-M]

\*COUNTRY/TERRITORY OF CITIZENSHIP: xx

[5-C]

SELECT U.S. TYPE IF CITIZENSHIP COUNTRY IS U.S.: 9

1= BIRTH IN U.S. 2= U.S. CITIZEN BORN OUTSIDE U.S. 3=  
NATURALIZATION

[6-C]

SELECT U.S. PROOF IF CITIZENSHIP COUNTRY IS U.S.: 9

1= ENUMERATION 4=DEVELOPMENT PENDING

2= TITLE 2/18 5=NO PROOF

3= TITLE 16 6=PRESUMED - SYSTEMS GENERATED ONLY

[7-M]

\*CITIZENSHIP START DATE (MMDDCCYY): 99999999

[8-O]

CITIZENSHIP STOP DATE (MMDDCCYY): 99999999

[9-O]

IS LAWFUL PRESENCE DATA NEEDED (Y/N): X

[10-O]

DELETE THIS OCCURRENCE OF DATA (Y/N): X

[11-O]

[12-O]

ADD NEW OCCURRENCE (Y/N): X

REVIEW PRIOR

OCCURRENCES (Y/N): X

[13-D]

[14-O]

PFI HELP AVAILABLE

TRANSFER TO: XXXX

[1-D]

[2-C]

[3-C]

[4-C]

[5-C]

[6-C]

[7-M]

[8-C]

[9-C]

[10-C]

[11-C]

[12-M] [13-C] [14-C]

[13-C]

[14-C]

(MMDDYY) (MMDDYY)

[15-M]

[16-M]

[17-M]

[18-D]

NEW (Y/N): X DELETE THIS PAGE (Y/N): X EXIT CLAD (Y/N): X SS OF SS

Current CADR Screen:

| Ln | 0 | 1                                                                                          | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----|---|--------------------------------------------------------------------------------------------|---|---|---|---|---|---|---|
| No | 1 | 234567890123456789012345678901234567890123456789012345678901234567890                      |   |   |   |   |   |   |   |
| 1  | C | MCS CLAIMANT MAILING ADDRESS CADR SC90                                                     |   |   |   |   |   |   |   |
| 2  | 0 | NH: <u>SSSSSSSSSS SSSSS SSSSSSSSSSS</u> CL: <u>SSSSSSSSSS SSSSS SSSSSSSSSSS</u>            |   |   |   |   |   |   |   |
| 3  | L |                                                                                            |   |   |   |   |   |   |   |
| 4  | U |                                                                                            |   |   |   |   |   |   |   |
| 5  | M |                                                                                            |   |   |   |   |   |   |   |
| 6  | N | *ADDRESS 1: <u>PPPPPPPPPPPPPPPPPPPPPPPPPP</u> ADDRESS 2: <u>PPPPPPPPPPPPPPPPPPPPPPPPPP</u> |   |   |   |   |   |   |   |
| 7  | * | ADDRESS 3: <u>PPPPPPPPPPPPPPPPPPPPPPPPPP</u> ADDRESS 4: <u>PPPPPPPPPPPPPPPPPPPPPPPPPP</u>  |   |   |   |   |   |   |   |
| 8  | O | *CITY: <u>PPPPPPPPPPPPPPPPPPPPPPPPPP</u> STATE: <u>PP</u> ZIP: <u>PPPPP</u>                |   |   |   |   |   |   |   |
| 9  | N | STATE & COUNTY CODE: <u>PPPPPP</u> COUNTY: <u>XXXXXXXXXXXXXXXXXX</u>                       |   |   |   |   |   |   |   |
| 10 | E |                                                                                            |   |   |   |   |   |   |   |
| 11 |   | COUNTRY: <u>PPPPPPPPPPPPPPPPPPPPPPPPPP</u> CONSULAR CODE: <u>PPP</u>                       |   |   |   |   |   |   |   |
| 12 | R | FOREIGN POSTAL ZONE: <u>PPPPPPPPPPPPPPPP</u>                                               |   |   |   |   |   |   |   |
| 13 | E |                                                                                            |   |   |   |   |   |   |   |
| 14 | S |                                                                                            |   |   |   |   |   |   |   |
| 15 | E |                                                                                            |   |   |   |   |   |   |   |
| 16 | R | DIRECT DEPOSIT ROUTING TRANSIT NUMBER: <u>999999999</u> ACCOUNT TYPE (C/S): <u>A</u>       |   |   |   |   |   |   |   |
| 17 | V | DEPOSITOR ACCOUNT NUMBER: <u>999999999999999999</u>                                        |   |   |   |   |   |   |   |
| 18 | E |                                                                                            |   |   |   |   |   |   |   |
| 19 | D |                                                                                            |   |   |   |   |   |   |   |
| 20 |   | DOMESTIC PHONE: <u>PPPPPPPPPP</u> FOREIGN PHONE: <u>PPPPPPPPPPPPPPPP</u>                   |   |   |   |   |   |   |   |
| 21 |   |                                                                                            |   |   |   |   |   |   |   |
| 22 |   | TRANSFER TO: <u>XXXX</u>                                                                   |   |   |   |   |   |   |   |
| 23 |   | ***** (LINE 23 RESERVED FOR APPLICATIONS INFORMATION) *****                                |   |   |   |   |   |   |   |
| 24 |   | ***** (LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION) *****                           |   |   |   |   |   |   |   |

**Proposed CADR screen showing changes for UDD – Direct Express.**

| Ln | 0 | 1                                                                     | 2                        | 3                  | 4                                              | 5                            | 6                  | 7                        | 8         |
|----|---|-----------------------------------------------------------------------|--------------------------|--------------------|------------------------------------------------|------------------------------|--------------------|--------------------------|-----------|
| No | 1 | 234567890123456789012345678901234567890123456789012345678901234567890 |                          |                    |                                                |                              |                    |                          |           |
| 1  | C | MCS                                                                   | CLAIMANT MAILING ADDRESS |                    |                                                |                              |                    |                          | CADR SC90 |
| 2  | 0 | NH: <u>SSSSSSSSSS</u>                                                 | <u>SSSSS</u>             | <u>SSSSSSSSSSS</u> | CL: <u>SSSSSSSSSS</u>                          | <u>SSSSS</u>                 | <u>SSSSSSSSSSS</u> |                          |           |
| 3  | L |                                                                       |                          |                    |                                                |                              |                    |                          |           |
| 4  | U |                                                                       |                          |                    |                                                |                              |                    |                          |           |
| 5  | M |                                                                       |                          |                    |                                                |                              |                    |                          |           |
| 6  | N | *ADDRESS 1: <u>PPPPPPPPPPPPPPPPPPPPPPPPPPPP</u>                       |                          |                    | ADDRESS 2: <u>PPPPPPPPPPPPPPPPPPPPPPPPPPPP</u> |                              |                    |                          |           |
| 7  | * | ADDRESS 3: <u>PPPPPPPPPPPPPPPPPPPPPPPPPPPP</u>                        |                          |                    | ADDRESS 4: <u>PPPPPPPPPPPPPPPPPPPPPPPPPPPP</u> |                              |                    |                          |           |
| 8  | O | *CITY: <u>PPPPPPPPPPPPPPPPPPPPPPPPPPPP</u>                            |                          |                    | STATE: <u>PP</u>                               |                              | ZIP: <u>PPPPP</u>  |                          |           |
| 9  | N | STATE & COUNTY CODE: <u>PPPPPP</u>                                    |                          |                    | COUNTY: <u>XXXXXXXXXXXXXXXXXX</u>              |                              |                    |                          |           |
| 10 | E |                                                                       |                          |                    |                                                |                              |                    |                          |           |
| 11 |   | COUNTRY: <u>PPPPPPPPPPPPPPPPPPPPPPPPPPPP</u>                          |                          |                    | CONSULAR CODE: <u>PPP</u>                      |                              |                    |                          |           |
| 12 | R | FOREIGN POSTAL ZONE: <u>PPPPPPPPPPPPPPPPPP</u>                        |                          |                    |                                                |                              |                    |                          |           |
| 13 | E |                                                                       |                          |                    |                                                |                              |                    |                          |           |
| 14 | S | BANK ACCOUNT (Y/N): X                                                 |                          |                    | DIRECT EXPRESS (Y/N): X                        |                              |                    |                          |           |
| 15 | E |                                                                       |                          |                    |                                                |                              |                    |                          |           |
| 16 | R | DIRECT DEPOSIT ROUTING TRANSIT NUMBER: <u>999999999</u>               |                          |                    |                                                | ACCOUNT TYPE (C/S): <u>A</u> |                    |                          |           |
| 17 | V | DEPOSITOR ACCOUNT NUMBER: <u>999999999999999999</u>                   |                          |                    |                                                |                              |                    |                          |           |
| 18 | E |                                                                       |                          |                    |                                                |                              |                    |                          |           |
| 19 | D |                                                                       |                          |                    |                                                |                              |                    |                          |           |
| 20 |   | DOMESTIC PHONE: <u>PPPPPPPPPP</u>                                     |                          |                    | FOREIGN PHONE: <u>PPPPPPPPPPPPPPPPPP</u>       |                              |                    |                          |           |
| 21 |   |                                                                       |                          |                    |                                                |                              |                    |                          |           |
| 22 |   |                                                                       |                          |                    |                                                |                              |                    | TRANSFER TO: <u>XXXX</u> |           |
| 23 |   | ***** (LINE 23 RESERVED FOR APPLICATIONS INFORMATION) *****           |                          |                    |                                                |                              |                    |                          |           |
| 24 |   | ***** (LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION) *****      |                          |                    |                                                |                              |                    |                          |           |

BMAR-BENEFICIARY MARRIAGE

COMM BENEFICIARY MARRIAGE BMAR

[1-D] [2-D] [3-D]

NH: SSSSSSSSSS SSSSS SSSSSSSSSSS BN: SSSSSSSSSS SSSSS SSSSSSSSSSS PIC: SSS

[4-M] [5-M] [6-M]

\*SPOUSE'S FIRST NAME: XXXXXXXXXXXXXXXX MIDDLE: X \*LAST: XXXXXXXXXXXXXXXXXXXXXXXX

[7-O]

SPOUSE'S SSN: XXXXXXXXXX

[8-O] [9-O]

SPOUSE'S BIRTHDATE (MMDDCCYY): 99999999 IF BIRTHDATE UNKNOWN, AGE: 999

[10-M] [11-M]

\*MARRIAGE DATE (MMDDCCYY): 99999999 \*PROOF (Y/N): x

[12-O] [13-O]

MARRIAGE CITY: XXXXXXXXXXXXXXXX MARRIAGE STATE/FOREIGN COUNTRY: XX

[14-M]

\*SELECT MARRIAGE TYPE: 9 1=CLERGY/PUBLIC OFFICIAL 3=OTHER CEREMONIAL  
2=COMMON LAW 4=DEEMED.

[15-O]

SELECT SPECIAL RELATIONSHIP: 9 1=216B1 2=216F1 3=202C2 4=216K 5=216C2/G2.

[16-O]

PROTECTED MARRIAGE (Y/N): x

[17-O] [18-C]

MARRIAGE END DATE (MMDDCCYY): 99999999 PROOF (Y/N): x

[19-C]

SELECT MARRIAGE END REASON: 9

1=DEATH 2=DIVORCE 3=ANNULMENT OF VOIDABLE 4=PUTATIVE 5=VOID/VOIDED.

BMAR

[20-O]

[21-C]

MARRIAGE ENDED CITY: XXXXXXXXXXXXXXXX MARRIAGE ENDED STATE/FOREIGN COUNTRY: XX

[22-O]

IF SPOUSE DECEASED, DATE OF DEATH (MMDDCCYY): 99999999

[23-M]

\*OTHER MARRIAGES (Y/N): x

[24-O]

DELETE THIS OCCURRENCE OF DATA (Y/N): x

[25-O]

[26-O]

ADD NEW OCCURRENCE (Y/N): x

REVIEW PRIOR OCCURRENCES (Y/N): x

[27-D]

[28-O]

PF1 HELP AVAILABLE

TRANSFER TO: XXXX

RMKS

[illegible]

[3-C]

GO TO RPS (Y/N): X

PAGE 5