FORM APPROVED
OMB NO. 3220-0183

STATEMENT OF CLAIMANT OR OTHER PERSON

NAME OF RAILROAD EMPLOYEE	SOCIAL SECURITY NUMBER OF RAILROAD EMPLOYEE
NAME OF CLAIMANT (If other than railroad employee)	RR RETIREMENT ANNUITY CLAIM NUMBER (If different from SS Number)
RELATIONSHIP TO CLAIMANT OF PERSON MAKING STATEMENT	NAME OF PERSON MAKING STATEMENT (If other than claimant)

PLEASE READ THE "IMPORTANT NOTICES" ON THE NEXT PAGE

Understanding that this statement is for the use of the Railroad Retirement Board (RRB), I hereby certify that:

(☐) **If additional space is needed, mark an "X" and continue on the next page.**

CERTIFICATION

I understand that civil and criminal penalties may be imposed on me for false or fraudulent statements, or for withholding information to cause or prevent payment of benefits by the RRB. I affirm that to the best of my knowledge, the information I have given is true, complete, and correct.

SIGNATURE OF PERSON MAKING STATEMENT (First Name, Middle Initial, Last Name) (Write in Ink) **SIGN HERE**	DATE (Month, Day, Year) TELEPHONE NUMBER (Include Area Code)

MAILING ADDRESS (Number and Street, Apt., No., P.O. Box, Rural Route)

CITY, STATE, AND ZIP CODE

If this statement is signed by mark "X," two witnesses who know the person signing must sign below, giving their full addresses.

1. SIGNATURE OF WITNESS	2. SIGNATURE OF WITNESS
ADDRESS (Number and Street, City, State, and ZIP Code)	ADDRESS (Number and Street, City, State, and ZIP Code)

(continued)

IMPORTANT NOTICES

Paperwork Reduction Act and Privacy Act Notices

The Railroad Retirement Board (RRB) is authorized to collect the information requested on this form under Section 7(b)(6) of the Railroad Retirement Act (RRA) and Section 5(b) of the Railroad Unemployment Insurance Act (RUIA). The information will be used to determine entitlement to benefits under these Acts. You are not required to provide this information. However, your failure to do so may result in the loss of benefits for which an application has been filed.

The information you provide on this form may be disclosed without your approval to any individual or institution you identified on this form. Such information may also be disclosed without your approval to the Government Accountability Office for audits, to the Justice Department for collecting overpayments owed to the RRB or the Social Security Administration or for use in criminal and civil proceedings relating to this claim for benefits, to other law enforcement agencies engaged in functions related to the RRA or RUIA, and in administrative hearings or court proceedings relating to a claim for benefits under the Acts.

A complete listing of persons, organizations, and agencies to which the information you give us may be released is available at any office of the RRB, if you wish to see it.

We estimate this form takes an average of 15 minutes per response to complete, including the time for reviewing the instructions, getting the needed data, and reviewing the completed form. Federal agencies may not conduct or sponsor, and respondents are not required to respond to, a collection of information unless it displays a valid OMB number. If you wish, send comments regarding the accuracy of our estimate or any other aspect of this form, including suggestions for reducing completion time, to: Associate Chief Information Officer for Policy and Compliance, Railroad Retirement Board, 844 N Rush St., Chicago, IL 60611-1275.