



MARSHALL ISLANDS SOCIAL SECURITY ADMINISTRATION

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Social Security Form for Determining Lump Sum Benefit Payees

Name of Applicant Name of Deceased Wage Earner

Relationship to Decedent Decedent's Social Security Number

- 1. When did Decedent Die? 20
2. Did Decedent have a will concerning distribution of lump sum payments?
3. Does Decedent have a surviving spouse? If yes, what is the spouse's name?

4. Does Decedent have surviving children? Table with columns: Name, Social Security Number

- 5. If there is no will, no spouse and no children, does Decent have surviving parents?
If yes, what are their names?

Affidavit of Verification

REPUBLIC OF THE MARSHALL ISLANDS )
MAJURO, ATOLL ) SS.

I, affirm the previous statements are true and correct to the best of my knowledge.

Sign

SUBSCRIBED AND SWORN to before me, this day of 20

NOTE:

I know that anyone who make or causes to made a false statement or representation of material fact in an application for use in determining a right to payment under the Marshall Islands Social Security Act commits a crime punishable by fine, imprisonment or both. I affirm that all information I have given in this document is true.