



MARSHALL ISLANDS SOCIAL SECURITY ADMINISTRATION

PO Box 175
Majuro, Marshall Islands 96960
Phone (692) 625-3101
Fax (692) 625-4570
missa3@ntamar.com

DATE FILED: _____

REPRESENTATIVE PAYEE
APPLICATION TO BE SELECTED AS PAYEE

PRINT OR TYPE

1. PRINT NAME OF WAGE EARNER PERSON | SOCIAL SECURITY NUMBER

2. PRINT NAME OF PERSON (S) ENTITLED RELATIONSHIP TO YOU SOCIAL SECURITY NUMBER

Form with three columns for name, relationship, and social security number, containing five rows of horizontal lines for input.

3. PRINT YOUR NAME (PAYEE) BELOW:

_____ Your Social Security Number: _____

4. EXPLAIN WHY YOU WISH THE PAYMENT TO BE PAYABLE TO YOU:

Form with three horizontal lines for explaining the reason for the payment.

5. Is there a Legal Representative (Guardian, Conservator, ETC.) of the Beneficiary for whom you are asking payment?
() YES () NO, (If "YES", enter the name, Address and Telephone No. of the Legal Representative).

Form with three horizontal lines for providing details of the legal representative.

6. (a) Do you expect the total earnings of any beneficiary listed to be more than \$1,500.00 this year? (Count all earnings beginning with the first of this year and all expected earnings through the end of this year.) YES NO, (IF "YES", answer b), (If "NO" Go on to Question 7).

(b) NAME OF BENEFICIARY WHO EXPECTS TO EARN OVER \$1,500.00 THIS YEAR	EXPECTED EARNINGS	LIST EACH QTR THE BENEFICIARY DID NOT EARN MORE THAN \$1,500.00 IN EMPLOYMENT AND DID NOT PERFORM SUBSTANTIAL SERVICES IN SELF-EMPLOYMENT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. An Annual Report of earnings must be filed with the Social Security Office after the end of the year in which any beneficiary earned more than \$1,500.00. **FAILURE TO REPORT MAY RESULT IN THE LOSS OF ONE OR MORE MONTHLY BENEFITS.**

DO YOU AGREE TO FILE THE ANNUAL REPORT OF EARNINGS WHEN REQUIRED? YES NO

8. Is the person for whom you are asking payment now living with you? YES NO (If "NO", where are they now residing?)

9. Do you understand that all [payments made to you on behalf of a beneficiary must be spent for the beneficiary's present needs of if not, presently needed, saved for the beneficiary's needs and do you agree to use the benefits that way? YES NO

You must notify the Social Security Office promptly if any of the following events occur:

- (a) Death of any beneficiary;
- (b) Marriage of any child;
- (c) Change in School Attendance of individual age 18 or over entitled to benefits as a full-time student;
- (d) Medical condition improves, if disabled.

10. Do you agree to notify the Social Security Office promptly if any of the above events occur, and to return Promptly any benefit check you receive to which the beneficiary (ies) is/are not entitled? YES NO

11. Do you agree to notify the Social Security Office promptly if any beneficiary leaves your custody, or when you no longer have responsibility for the welfare and care of any beneficiary for whom you are asking payment? YES NO

REMARKS: _____

Signature: I know that anyone who makes or causes to be made a false statement or representation of material fact in an application for use in determining a right to payment under the 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.

SIGN
HERE: _____ DATE: _____

Address: _____ Phone: _____

City and State: _____ Zip Code: _____

Residence: _____

Direct Deposit: *If you want your payment sent directly to the bank, (✓) check here:* _____

Please enter your Bank's name: _____

Your Bank Account Number: _____

Bank Address: _____

Witnesses: Required ONLY if this application has been signed by (X). If signed by mark (X), two witness
To the signing who know the applicant must sign below, given their full addresses.

Sign
Here: _____

Sign
Here: _____

Address: _____

Address: _____
