

SOCIAL SECURITY ADMINISTRATION

# STATEMENT OF CLAIMANT OR OTHER PERSON

NAME OF WAGE EARNER, SELF-EMPLOYED PERSON, OR SSI CLAIMANT	SOCIAL SECURITY NUMBER - -
NAME OF PERSON MAKING STATEMENT (If other than above wage earner, self-employed person, or SSI claimant)	RELATIONSHIP TO WAGE EARNER, SELF-EMPLOYED PERSON, OR SSI CLAIMANT

Understanding that this statement is for the use of the Social Security Administration, I hereby certify that -

DO YOU HAVE A BANK ACCOUNT?     YES     NO (check one)

IF YES PROVIDE THE FOLLOWING INFORMATION:

(1) BANK NAME:

(2) TYPE OF ACCOUNT:     CHECKING     SAVINGS (check one)

(3) ACCOUNT NUMBER:

(4) ROUTING NUMBER:

SIGNATURE:

DATE: