



## SOCIAL SECURITY

<b>ABANDON RECLAMATION REQUEST- EFT</b>	
Department of the Treasury	<b>FROM:</b> Social Security Administration
Financial Management Service	Requester is located at (complete one):
<b>ATTN: Claims Branch</b>	PC #:
<b>EMAIL:</b>	RO:
Kansas City RFC: kfc-reclamations@fms.treas.gov	FO #:
Philadelphia RFC: pfc-reclamations@fms.treas.gov	
San Francisco RFC: sfc-reclamations@fms.treas.gov	

Please <b>abandon reclamation</b> for the Social Security/SSI <b>direct deposit</b> payment(s) below:	
NAME OF BENEFICIARY/RECIPIENT:	CLAIM NUMBER/SSN:
PAYMENT DATE:	AMOUNT:
Reason for abandoning reclamation ( <i>Choose reason</i> ): is:	
<input type="checkbox"/> Beneficiary/Recipient is alive. <input type="checkbox"/> Estate or withdrawer has repaid SSA directly. <input type="checkbox"/> Previous date of death incorrect; correct date of death _____ <input type="checkbox"/> Other	
Name of Requester ( <i>Print</i> ):	Signature of Requester:
Phone:	Fax:
	Date of Request: