

CERTIFICATION AND SIGNATURES

I agree to notify the Social Security Administration promptly if I (or any person for whom I receive benefits) become employed or self-employed while outside the United States, change citizenship, or go (for 30 days or more) to any country other than that indicated in item 17. I also agree to return any payments which are not due.

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.

18.	SIGNATURE (FIRST NAME, MIDDLE INITIAL, AND LAST NAME) OF EACH PERSON LISTED IN ITEM 3. REPRESENTATIVE PAYEES MUST SIGN FOR MINORS AND FOR INCAPABLE OR INCOMPETENT ADULTS. Write in ink.		DATE	TELEPHONE NUMBER WHERE YOU MAY BE CONTACTED DURING THE DAY
	a.			
	b.			
	c.			
	d.			

Witnesses are required only if this application has been signed by mark (X) in item 18. If signed by mark (X), two witnesses who know the signer(s) must sign below, giving their full addresses.

19. (1) SIGNATURE OF WITNESS			(2) SIGNATURE OF WITNESS		
ADDRESS (NUMBER AND STREET)			ADDRESS (NUMBER AND STREET)		
CITY	POSTAL CODE	COUNTRY	CITY	POSTAL CODE	COUNTRY

PRIVACY ACT STATEMENT

The Social Security Administration is authorized to collect information to establish your entitlement to Social Security benefits under section 202 of the Social Security Act, as amended (42 U.S.C. 402 and 405). This information will also be used to verify your U.S. income tax status under sections 871 and 1441 of the Internal Revenue Code (26 U.S.C. 871 and 1441). While completing this form is voluntary, failure to provide all or part of this information is cause for suspension of benefit payments. The information on this form may be disclosed by the Social Security Administration to another person or agency for the following purposes: (1) to assist the Social Security Administration in establishing a person's right to Social Security benefits, (2) to help with statistical research and audits necessary to assure the integrity and improvement of the Social Security programs, and (3) to comply with laws requiring or allowing the exchange of information between the Social Security Administration and another agency.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you give us may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

PAPERWORK REDUCTION ACT STATEMENT

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 10 minutes to read the instructions, gather the facts, and answer the questions. *You may send comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.*