

# REPRESENTATIVE PAYEE - CERTIFICATION

## PRIVACY ACT STATEMENT

**Authority:** P. L. 102-190, Sec. 654

**Principal Purpose:** To establish a representative payee to receive survivor annuity payments on behalf of a minor, mentally incompetent, or otherwise legally disabled person for whom a guardian or other fiduciary has not been appointed.

**Routine Use(s):** Information may be released to the Internal Revenue Service for tax administration; General Accounting Office for auditing; Dept. of Veterans Affairs for pay entitlements; Social Security Administration for pay entitlements; American Red Cross for locator service; Air Force Aid Society for family assistance; and Office of Personnel Management for pay entitlements.

**Disclosure:** Voluntary; however, failure to furnish requested information may result in non-appointment as a representative payee.

### REPRESENTATIVE PAYEE CERTIFICATION

1. As representative payee I certify by my signature on this form that I will spend or invest the annuity paid to me on behalf of the annuitant solely for the benefit of the annuitant.
2. As representative payee I agree to maintain and, upon request, provide a periodic accounting of expenditures and investments of amounts paid to me on behalf of the annuitant. I understand that in situations where a periodic accounting is required, it will ordinarily be submitted annually unless I am asked to submit a financial accounting more frequently. Final financial accounting will be required upon loss of beneficiary's eligibility, a change in representative payee, or a later determination of competency of the annuitant.
3. As representative payee, I understand that I may be asked to provide a surety bond in an amount sufficient to protect the interests of the annuitant. I understand that I may pay for such bond(s) out of the survivor annuity.
4. As a representative payee, I will request prior written approval through the appropriate DFAS Center for major expenditures from the bank account I maintain on behalf of the annuitant. Major expenditures are those in excess of \$1,000 or one year's survivor annuity, whichever is less.
5. I understand that if the appropriate DFAS Center receives evidence that suggest the annuity funds have been or are being misused, the annuity may be suspended. If annuity payments are suspended, an investigation will be conducted to determine if a new representative payee should be appointed or if payments may be resumed.
6. I understand that if the appropriate DFAS Center receives more than one application for representative payee, the Secretary concerned shall make the determination as to which applicant is the more appropriate payee.
7. As representative payee, I agree to submit reports of existence and certificates of continued eligibility as requested by the DFAS Center.
8. An annuity paid to a person on behalf of an annuitant to a representative payee discharges the obligation of the United States for payment to the annuitant of the amount of the annuity paid.

### REPRESENTATIVE PAYEE - APPLICATION

#### PART I - REPRESENTATIVE PAYEE APPLICANT/ANNUITANT INFORMATION

Annuitant's Name (Last, First, Middle Initial)		SSN
Name of Representative Payee Applicant		
Relationship to Annuitant	Correspondence Address	Telephone Number

Check Mailing Address: **SEE ATTACHED DIRECT DEPOSIT FORM**

#### PART II - INCOMPETENCY DOCUMENTATION

If the annuitant has been determined to be incompetent to manage financial affairs, please attach the determination of incompetency from a state court, physician or psychologist.

#### PART III - TRUSTESHIP

If representative payee applicant is the trustee of a trust for benefit of the annuitant, please provide a copy of the trust agreement designating the representative payee as the individual who is to receive payments on behalf of the annuitant.

#### PART IV - CERTIFICATION

I certify that I have read the conditions on this application and as evidenced by my signature below hereby agree to the conditions set forth.

SIGNATURE OF REPRESENTATIVE PAYEE APPLICANT	DATE
SIGNATURE OF WITNESS	DATE
SIGNATURE OF WITNESS	DATE