Advance Notification of Representative Payment	
Name of Wage Earner, Self-Employed Personal SSI Claimant	on or Social Security Number
Name of Beneficiary (if other than above)	Relationship to Wage Earner, Self-Employed Person or SSI Claimant
I understand and agree with the following.	
Need for Representative Payee	
The Social Security Administration (SSA) h my benefits. Because of this, SSA will sen is the duty of the representative payee to u	d my benefits to a representative payee. It
Choice of Representative Payee	
SSA has selectedrepresentative payee.	to be my
My Right to Appeal	
I understand that I have the right to appeal who will be the representative payee. In me that I need a payee. If I appeal, I will have submit new evidence. I understand that I controlled to to help me.	ost cases, I can also appeal the decision the right to review the evidence in file and
I understand that I must file an appeal with I must have a good reason for not having fithe appeal in writing. I will contact an SSA	·
Signature	Date
Witnesses are required only if this statement signed by mark (X), two witnesses to the statement must sign below, giving their full	signing who know the person making the
1. Signature of Witness	2. Signature of Witness
Address (Number and Street, City, State and ZIP Code)	Address (Number and Street, City, State and ZIP Code)