Form Approved: OMB No. 3206-0140

United States Office of Personnel Management **Retirement Operations** P.O. Box 45

Boyers, PA 16017-0045

	Date of this letter
	File reference
	Name of annuitant
	Claim number
С	ation
er nt th	above-named annuitant may not be capable of al Employees Retirement System. (Note: The cannot handle the benefits, we require that the e annuitant. A fiduciary is a person or institution son.
to cti	fiduciary. However, if a fiduciary has not been act on behalf of the annuitant. In addition to ng in the annuitant's best interests by using the ax from the annuity, and selecting the Federally
nu a n	the clear understanding that the funds will be uitant's monthly payment is not required to meet amount for the annuitant's future needs. The reports as OPM may require to show that the ed to notify OPM immediately when he or she is which may be received after the annuitant dies.

Representative Payee Appli

The Office of Personnel Management (OPM) has received information indicating that the handling his or her benefits under the Civil Service Retirement System or the Federal annuitant may be a minor child without a parent to handle the benefits.) If the annuitar payments be made to a court-appointed fiduciary or to a person we select to represent appointed by a State court to be responsible for managing funds on behalf of another pe

Under the retirement law, the preferred payee in this type of case is a court-appointe appointed, we have authority to make payments to a representative who is willing receiving annuity payments, the person representing the annuitant is responsible for a payments to benefit the annuitant, authorizing the correct withholding of Federal income sponsored health benefits coverage for the annuitant when applicable.

Payments are made to a court-appointed fiduciary or OPM-selected representative w used or conserved for the benefit of the annuitant. In the event that part or all of the annuitant. his or her current needs, the representative is required to conserve the unused representative will be held accountable for the funds and will have to provide written payments are being properly used for the annuitant. Further, the representative is obligation no longer acting for the annuitant. The representative will be held liable for any payments which may be receive Such payments must be immediately returned to the U.S. Treasury Department.

OPM will not make a payee change based on a power of attorney or the existence of a joint account with the annuitant at a financial institution. We require either a State court appointment of a fiduciary or an OPM-administered agreement before we will allow anyone other than the annuitant to receive payments or authorize actions based on this claim.

If there is a court-appointed fiduciary, he or she may apply to become payee by sending us an original or a certified copy of the court appointment in the enclosed envelope with the attached application for selection. (Uncertified photocopies are not acceptable.)

If there is no court-appointed fiduciary or if there is one, but you believe that you should receive the payments instead, please assist us in selecting a payee by completing the attached application and returning it in the enclosed envelope or to the address shown above.

For more information, call the Retirement Information Office at 1-888-767-6738, Monday through Friday between 7:30 a.m. and 7:45 p.m. Eastern time or write to us at the address shown above. Thank you for your cooperation.

	Signature
	Potiroment Operations
	Retirement Operations
If this box is checked, you must submit the informati	on described on the enclosed form along with this application.
Enclosure: RI 30-3, Information Necessary for a Con	npetency Determination

Application For Selection As Representative Payee of an Annuitant

The Office of Personnel Management is interested in selecting the most suitable person to be the payee. It is necessary, therefore, to determine your relationship to the annuitant and the extent of your ability to take care of him or her. Please make sure that you answer *all* of the following questions so that we can proceed as soon as possible. Court-appointed fiduciaries must send OPM an original or a certified copy of the court appointment along with this application. (*Uncertified photocopies are not acceptable.*)

Answer completely. Give explanations where required. Attach additional sheet if necessary.

	7 monor completely? Cive explanation	io whore required retain addit		, , , , , , , , , , , , , , , , , , ,	•
	Part A - Identify	ing Information			
1.	Annuitant's claim number	5. Your name and mailing address			
2.	Name of annuitant				
3.	Where does the annuitant live? (Street, city, state & ZIP code)				
		6. Other names you have used			
4.	Your relationship to the annuitant (For example: spouse, daughter, friend)	7. Your social security number	8. Your date of birt	h <i>(mm/dd/</i>	<i>(</i> yyyy)
	Part B - Information About How You	Will Discharge Your Duties	as Payee		
9.	Do you live within commuting distance of the annuitant?			Yes	No
	(If "no," explain in the Remarks section how you will take care of the ar	nnuitant's financial affairs.)			
10.	Are you currently employed? (If "yes," show occupation here——	(If "no," explain in the Rema example, are you retired, un			
11.	Do you have any prior experience as a representative payee? (If "yes,"	explain in the Remarks section.)			
12.	Have you ever been dismissed as a representative payee or convicted <i>Remarks section.)</i>	of a crime related to misuse of funds? (If	"yes," explain in the		
13.	Have you assumed the responsibility for providing care for the annuitar name and address of the person who has assumed this responsibility.)		narks section the		
14.	Have you assumed the responsibility for the annuitant's routine expensioname and address of the person who has assumed these responsibility.	ees? (If your answer is no, show in the Reies.)	marks section the		
15.	If the annuitant is not a minor, has the annuitant been adjudged incompattach an original or a certified copy of the court's order or decree. Und you must attach medical documentation showing incompetence, as de-	ertified photocopies are not acceptable. It			
16.	To your knowledge, has any individual been appointed, or applied for a charged with responsibility for the minor's or incompetent's person and that other person's name and address, in the Remarks section, and extended the annuitant that payment be made to you.)	or estate? (If the answer is yes, you mus	t provide us with		
17.	Explain below how, if you are selected representative payee, you will u annuitant. If and when the annuity payments are not required to meet to otherwise expend or conserve such monies?				

Rema	
	arks
	Part C - Certification
the a	tify that the above information is correct. I hereby affirm that I will comply with the following requirements if I am selected as the representative payee for annuitant. I agree to promptly notify the Office of Personnel Management in writing when I can no longer act in the best interest of the annuitant named.
(-)	
(2)	
` '	I agree to <i>promptly</i> submit such written accountability reports as the Office of Personnel Management may require.
(3)	I agree to <i>promptly</i> submit such written accountability reports as the Office of Personnel Management may require. I agree to <i>promptly</i> notify the Office of Personnel Management if the annuitant or I move from the addresses I furnished in Part A.
(3) (4)	I agree to <i>promptly</i> submit such written accountability reports as the Office of Personnel Management may require. I agree to <i>promptly</i> notify the Office of Personnel Management if the annuitant or I move from the addresses I furnished in Part A. I agree to <i>promptly</i> notify the Office of Personnel Management if the annuitant recovers the capacity to handle his or her own affairs.
(3) (4) (5)	I agree to <i>promptly</i> submit such written accountability reports as the Office of Personnel Management may require. I agree to <i>promptly</i> notify the Office of Personnel Management if the annuitant or I move from the addresses I furnished in Part A.
(3)(4)(5)(6)(7)	I agree to <i>promptly</i> submit such written accountability reports as the Office of Personnel Management may require. I agree to <i>promptly</i> notify the Office of Personnel Management if the annuitant or I move from the addresses I furnished in Part A. I agree to <i>promptly</i> notify the Office of Personnel Management if the annuitant recovers the capacity to handle his or her own affairs. I agree to <i>promptly</i> notify the Office of Personnel Management in writing if the annuitant dies and to provide a copy of the death certificate.
(3) (4) (5) (6) (7)	I agree to <i>promptly</i> submit such written accountability reports as the Office of Personnel Management may require. I agree to <i>promptly</i> notify the Office of Personnel Management if the annuitant or I move from the addresses I furnished in Part A. I agree to <i>promptly</i> notify the Office of Personnel Management if the annuitant recovers the capacity to handle his or her own affairs. I agree to <i>promptly</i> notify the Office of Personnel Management in writing if the annuitant dies and to provide a copy of the death certificate. I agree to <i>promptly</i> notify the Office of Personnel Management if a disabled child marries or becomes self-supporting. I agree that I will be liable for any payments which I receive after the annuitant's death. I understand that all such payments will be considered debts to the U.S. Government and are to be immediately returned to the U.S. Treasury Department. I further understand that failure to return such payments will
(3) (4) (5) (6) (7)	I agree to <i>promptly</i> submit such written accountability reports as the Office of Personnel Management may require. I agree to <i>promptly</i> notify the Office of Personnel Management if the annuitant or I move from the addresses I furnished in Part A. I agree to <i>promptly</i> notify the Office of Personnel Management if the annuitant recovers the capacity to handle his or her own affairs. I agree to <i>promptly</i> notify the Office of Personnel Management in writing if the annuitant dies and to provide a copy of the death certificate. I agree to <i>promptly</i> notify the Office of Personnel Management if a disabled child marries or becomes self-supporting. I agree that I will be liable for any payments which I receive after the annuitant's death. I understand that all such payments will be considered debts to the U.S. Government and are to be immediately returned to the U.S. Treasury Department. I further understand that failure to return such payments will result in appropriate debt collection activity, including the addition of interest and administrative charges, report to collection agencies, etc.
(3) (4) (5) (6) (7) Warn entry	I agree to <i>promptly</i> submit such written accountability reports as the Office of Personnel Management may require. I agree to <i>promptly</i> notify the Office of Personnel Management if the annuitant or I move from the addresses I furnished in Part A. I agree to <i>promptly</i> notify the Office of Personnel Management if the annuitant recovers the capacity to handle his or her own affairs. I agree to <i>promptly</i> notify the Office of Personnel Management in writing if the annuitant dies and to provide a copy of the death certificate. I agree to <i>promptly</i> notify the Office of Personnel Management if a disabled child marries or becomes self-supporting. I agree that I will be liable for any payments which I receive after the annuitant's death. I understand that all such payments will be considered debts to the U.S. Government and are to be immediately returned to the U.S. Treasury Department. I further understand that failure to return such payments will result in appropriate debt collection activity, including the addition of interest and administrative charges, report to collection agencies, etc.

Privacy Act Statement

Title 5, U.S. Code, Sections 8345 and 8466, authorize solicitation of this information to determine if you will be selected as payee for the annuitant. This information may be shared and is subject to verification via paper, electronic media, or through the use of computer matching programs, with national, state, local, or other charitable or social security administrative agencies to determine and issue benefits under their programs, to obtain information necessary for determination or continuation of benefits under this program, or to report income for tax purposes. It may also be shared and verified, as noted above, with law enforcement agencies when they are investigating a violation or potential violation of civil or criminal law. Executive Order 9397 (November 22, 1943) authorizes the use of the Social Security Number to distinguish you from people with similar names. Provision of this information is voluntary; failure to supply all of the requested information may result in not selecting you as payee for the annuitant.

Public Burden Statement

We estimate this form takes an average of 30 minutes per response to complete, including the time for reviewing instructions, getting the needed data, and reviewing the completed form. Send comments regarding our estimate or any other aspect of this form, including suggestions for reducing completion time, to the Office of Personnel Management (OPM), Retirement & Benefits Publications Team (3206-0140), Washington, D.C. 20415-3430. The OMB Number 3206-0140 is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.