Social Security Administration Please read the instructions before completing this form.

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Name (Claimant) (Print or Type)	Social Security Number	
M. F. W.D.W.	Social Security Number	
Wage Earner (If Different)	– –	
Part I APPOINTMENT OF I appoint this person,	REPRESENTATIVE	
to act as my representative in connection with my clair	(Name and Address)	
Title II Title XVI Title XVIII (RSDI) (SSI) (Medicare Confirmation; get information; and receive any notice in I authorize the Social Security Administration to reright(s) to designated associates who perform administration arrangements (e.g. copying service)	Title VIII (SVB) est or give any notice; give or draw out expenses or give any notice; give or draw out expenses on estimate and the second of the second o	asserted right(s). n(s) or asserted
I appoint, or I now have, more than one representa is	ative. My main representative	
(Name of Principal Repre	Ì	
Signature (Claimant)	Address	
Telephone Number (with Area Code)	Fax Number (with Area Code)	Date
Part II ACCEPTANCE O	DF APPOINTMENT	
	dee for the representation, I will notify the puirement.) Inney eligible for direct payment under SS, and an eligible for direct payment. The from a court or bar to which I was previously in or appearing before a Federal e information on this form, and on any acco	Social Security A law. viously program or agency
Signature (Representative)	Address	
Felephone Number (with Area Code)	Fax Number (with Area Code)	Date
() –		
	RANGEMENT sign and date this section.)	
Charging a fee and requesting direct payment of the unless a regulatory exception applies.)	fee from withheld past-due benefits. (SSA n	
Charging a fee but waiving direct payment of the fee request direct payment. (SSA <u>must</u> authorize the fee unless Waiving fees and expenses from the claimant and a fee will be paid by a third-party, and that the claimant ar indirectly, in whole or in part, to pay any fee or expense (SSA <u>does not</u> need to authorize the fee if a third-party individuals) this appointment. Do not check this block if a third-party individuals.	s a regulatory exception applies.) ny auxiliary beneficiariesBy checking this nd any auxiliary beneficiaries are free of all lia s to me or anyone as a result of their claim(s or a government agency will pay from its funds the fual will pay the fee.)	s block I certify that nability, directly or) or asserted right(s). fee and any expenses to
Waiving fees from any source I am waiving my right of the Social Security Act. I release my client and any a which may be owed to me for services provided in conn	uxiliary beneficiaries from any obligations, co	ntractual or otherwis
Signature (Representative)	Date	