

**PART III For Colored Scanning**

<b>SS NUMBER</b>		<b>NAME OF MEMBER</b> (Surname) (Given Name) (M.I)		
<b>SS NUMBER (if any)</b>		<b>NAME OF CLAIMANT</b> (Surname) (Given Name) (M.I)		
<b>TYPE OF CLAIM :</b>		<input type="checkbox"/> <b>DEATH</b>	<input type="checkbox"/> <b>DISABILITY</b>	<input type="checkbox"/> <b>RETIREMENT</b>
<b>SIGNATURE OF MEMBER/CLAIMANT</b>		<b>DATE</b>		
(If member/claimant cannot sign, fingerprints should be witnessed by two persons)				
<b>WITNESSES TO FINGERPRINTS</b>		<b>Photo</b> 1 X 1		
Please affix signature over printed name and indicate date				
1	_____	<b>Right Thumb</b>		
2	_____			
	_____	<b>Right Index</b>		