

**PART III For Colored Scanning****SS NUMBER**

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**NAME OF MEMBER**

(Surname)

(Given Name)

(M.I.)

**SS NUMBER (if any)**

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**NAME OF CLAIMANT**

(Surname)

(Given Name)

(M.I.)

**TYPE OF CLAIM :**☐**DEATH**☐**DISABILITY**☐**RETIREMENT****SIGNATURE OF MEMBER/CLAIMANT****DATE**

(If member/claimant cannot sign, fingerprints should be witnessed by two persons)

**WITNESSES TO FINGERPRINTS**

Please affix signature over printed name and indicate date

1

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2

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Photo  
1 X 1

Right Thumb

Right Index