

**PART III For Colored Scanning**

MEMBER'S/CLAIMANT'S PHOTO AND SIGNATURE CARD			
<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.)		
TYPE OF CLAIM : <input type="checkbox"/> DEATH <input type="checkbox"/> DISABILITY <input type="checkbox"/> RETIREMENT			
_____ <b>SIGNATURE OF MEMBER/CLAIMANT</b> _____ <b>DATE</b> (If member/claimant cannot sign, fingerprints should be witnessed by two persons)		Photo 1 X 1	
<b>WITNESSES TO FINGERPRINTS</b> Please affix signature over printed name and indicate date		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 150px; height: 60px; margin: 5px;"></div> <div style="border: 1px solid black; width: 150px; height: 60px; margin: 5px;"></div> </div>	
1	_____	_____	<b>Right Thumb</b>
2	_____	_____	<b>Right Index</b>

Cut along the dotted line.