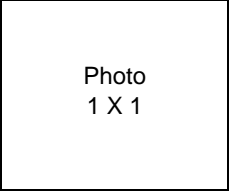




PART III For Colored Scanning

MEMBER'S/CLAIMANT'S PHOTO AND SIGNATURE CARD			
SS NUMBER 	NAME OF MEMBER (Surname) (Given Name) (M.I.)		
SS NUMBER (If any) 	NAME OF CLAIMANT (Surname) (Given Name) (M.I.)		
TYPE OF CLAIM : <input type="checkbox"/> DEATH <input type="checkbox"/> DISABILITY <input type="checkbox"/> 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	_____	_____	 Photo 1 X 1
2	_____	_____	
		 Right Thumb	 Right Index

Cut along the dotted line.