

Government Benefits Enrollment Form *(Please Print)*

Name of Payee: _____

Social Security Number: _____

Address : _____

City/State/Zip: _____

Home Phone: _____

Representative Payee: Yes No

Person Completing This Form: _____

Branch _____

Account Type: Checking Savings Account #: _____

ACCOUNT SELECTION INFORMATION: *(Please Select One)*

- | | |
|---|--|
| <input type="checkbox"/> Social Security | <input type="checkbox"/> Supplemental Security Income |
| <input type="checkbox"/> Railroad Retirement Annuity | <input type="checkbox"/> Railroad Retirement Unemployment/Sickness |
| <input type="checkbox"/> Veterans Administration Compensation and Pension | <input type="checkbox"/> Veteran's Administration Education |
| <input type="checkbox"/> Veteran's Administration Life Insurance | <input type="checkbox"/> Office of Personnel and Management Retirement Annuity |
| <input type="checkbox"/> Office of Personnel and Management Survivors Annuity | |