

Other Potential Beneficiaries:

Includes spouse or child, include persons from whom application are solicited but not received.

Name of Claimant	Relationship to the Number Holder	Date Solicited

Is the potential beneficiary entitled to benefits on another record? If yes, give the account number, the type of benefits (RIB, DIB, AUX, etc.), and the monthly benefit amount:

A/N: _____ Type of Benefit: _____

Are there other identified potential beneficiaries from whom SSA has not solicited an application? _____ Yes _____ No

Name of Claimant	Relationship to the Number Holder	Reason no app solicited