

AUTHORIZATION

I, _____, SS No. _____, hereby authorize _____, whose signature, social security number, and passport number, and phone number appear below, to pick up my MSA Refund check from Social Security Administration when the check is processed. I declare under penalty of perjury that I am doing this solely on my own free will because I am not sure of my forwarding address upon my return to my country.

Name of Applicant

Name of Authorized Person (Print and Sign)
SS No. _____
PSS No. _____
Phone. No. _____

Subscribed and sworn before me, a notary public of and for the Republic of Palau this _____ day of _____, 2018.

Notary Public