SOCIAL SECURITY ADMINISTRATION USA

BENEFICIARY LEDGER

	1. Beneficiary's Name

Month_____	Year_____

2. Beneficiary SSN	3. Claim Number (s)

4. Beneficiary Current Residence Address

Benefit Type SSI ___ SSA ___ Both ___

5. Beneficiary Telephone or Contact Number
(   )

10. Name and Address of Financial Institution

6. Representative Payee's Name

7. Representative Payee's Mail Address

11. Bank Routing Number (9 digits)

Checking and/or Savings Account Number(s)

8. Representative Payee's Telephone Number
(   )

Bank Account Title(s)

9. Case Manager (if applicable)

12. Ledger

							Enter Beginning Balance (Prior Month's Ending Balance)	$

Transaction Date	Indicate: Check # or Cash or Electronic Transfer (EF)	Deposit (+)	Withdrawal (-)	Indicate If Deposit (From Where) or Withdrawal (Paid to and Reason). Beneficiary Must Sign Here if Cash Disbursed	Indicate If This Is a Fee or Retroactive PMT	Have Receipt? Yes/No	Balance
					Fee __ RetroPMT __		$
					Fee __ RetroPMT __		$
					Fee __ RetroPMT __		$
					Fee __ RetroPMT __		$
					Fee __ RetroPMT __		$
					Fee __ RetroPMT __		$
					Fee __ RetroPMT __		$
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					Fee __ RetroPMT __		$
					Fee __ RetroPMT __		$
					Fee __ RetroPMT __		$
					Fee __ RetroPMT __		$

| **13. Termination of Relationship** | | | | Ending Balance (Beginning Balance Next Month) | | | $ |

A. Reason Relationship Ended: Death (see instructions pg. 3) Date of Death _____

Whereabouts Unknown _____   Change of Payee _____   Other _____

Effective Date: _____   Date Reported to SSA: _____

Amount of Funds Returned to SSA: _____   Date Funds Returned to SSA: _____

Statement of Accuracy

    I certify this is an accurate record of income, expenditures, and client actions.

14. Print Name of Person Completing the Form	**15. Signature of Person Completing Form**	**16. Date**