



## SOCIAL SECURITY

ABANDON RECLAMATION REQUEST- EFT	
Department of the Treasury	FROM: Social Security Administration
Financial Management Service	Requester is located at (complete one):
ATTN: Claims Branch	PC #:
FAX:	RO:
Philadelphia RFC: 215-516-8190	FO #:
Kansas City RFC: 816-414-2180	
San Francisco RFC: 415-817-7360	

Please abandon reclamation for the Social Security/SSI payment(s) below:	
NAME OF BENEFICIARY/RECIPIENT:	CLAIM NUMBER/SSN:
PAYMENT DATE:	AMOUNT:
Reason for abandoning reclamation ( <i>Choose reason</i> ):	
<input type="checkbox"/> Beneficiary/Recipient is alive. <input type="checkbox"/> Estate or withdrawer has repaid SSA directly. <input type="checkbox"/> Previous date of death incorrect; correct date of death is: _____ <input type="checkbox"/> Other _____	
Name of Requester ( <i>Print</i> ):	Signature of Requester:
Phone:	Fax:
	Date of Request: