Social Security Administration

Form Approved
OMB No. 0960-0602

Authorization to Obtain Earnings Data from the Social Security Administration

Social Security Administration
Wilkes Barre Data Operations Center
PO Box 1040
Wilkes Barre, PA 18767-1040

Requesting organization:
RA PENF 09 8418
RETAIL CLERKS & FOOD EMPLOYERS
PENSION PLAN OF CENTRAL OHIO
4150 E MAIN ST 1ST FL
COLUMBUS OH 43213

Number Holder's Information

First Name: Middle Initial:

Last Name:

SSN: -- --

Date of Birth: Month -- Day -- Year

Date of Death: Month -- Day -- Year

Other First, Middle Initial, and Last Name Used to Report Earnings:

Periods Requested: Month -- Year through Month -- Year

Month -- Year through Month -- Year

I am the individual to whom the record/information applies or that person's parent (if a minor) or legal guardian, or a person who is authorized to sign on behalf of the individual to whom the record/information applies. Please furnish the requesting organization, or its designees, an itemized statement of all amounts of earnings reported to my record, or to the record identified above, for the periods specified on this form. Please include the identification numbers, names, and addresses of the reporting employers. **I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.**

Signature of Number Holder *(or authorized representative)*

Date -- --

Printed Name *(if other than number holder)*

Relationship *(if other than number holder)*
- ☐ Natural or adoptive parent
- ☐ Legal Guardian
- ☐ Other *(specify)* _____

Address

State

City

ZIP Code

Phone Number

Requesting Organization's Information

Signature of Organization Official

Date

Phone Number

Fax Number

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