

APPLICATION SUMMARY and CERTIFICATION

RR Claim No.	A 813-11-1920
Employee's Name	Lance Carter
Social Security Number	813-11-1920
Date of Birth	08/28/1939

The following information was either supplied by or verified by you in support of your application for Spouse Annuity under the Railroad Retirement Act. After you have reviewed the information, make any changes on the summary, initial the change and sign the certification on the last page. Return the certification and all pages of the summary to the RRB.

Applicant Information

Name and Address	Leighanne Carter 215 Backstreet Market Orlando FL 02202
Social Security Number	885-52-0215
Date of Birth	02/20/1942
Daytime Telephone Number	219-201-8552

Type of Application Filed Spouse Annuity

You have requested that any payment due you be sent to the address shown above.

Applicant's Marriages

You are currently married to or separated from the employee.

You were not married before your marriage to the employee.

Criminal Offense Information

Within the past 12 months you have not been imprisoned or been given a sentence of confinement due to a conviction for a criminal offense.

Other Government Benefits

You have not filed nor do you plan to file in the next three months for Social Security benefits on any account number.

You are not receiving a social security benefit.

In the past month you have not filed nor do you plan to file in the next three months for Railroad Retirement benefits on any other account number.

You are not receiving a railroad retirement annuity.

You are not receiving nor do you expect to receive a pension or lump-sum payment based on your earnings from a Federal, state or local government agency.

Earnings Information

In 2009, you expect your total earnings will be less than \$14,160.

Railroad Work and NonRailroad Work

You have not worked for a railroad or other employer in the railroad industry.

You have worked for the following employers outside the railroad industry in the six months before you expect your annuity to begin:

Jive Records

from 04/28/1993 to 01/20/2009

Beginning Dates and Filing Dates

You requested your annuity begin on the earliest date permitted by law, even if you will receive a reduced annuity.

You do not want this application to protect your filing date for Social Security benefits.

Application for Spouse Annuity - Certification

Employee's RR Claim Number

A 813-11-1920

Employee's Name

Lance Carter

Employee's Social Security Number

813-11-1920

Applicant's Name

Leighanne Carter

Applicant's Social Security Number

885-52-0215

I certify that the information I have given to the Railroad Retirement Board (RRB) in relation to this application is true to the best of my knowledge. I know that if I make a false or fraudulent statement or withhold information, in order to receive benefits from the RRB, I am committing a crime which is punishable under Federal law.

I have received and reviewed a summary of the information I provided. I understand that I have an obligation to advise the RRB immediately if there are any errors in the Summary I received, and have made and initialed any corrections on the Summary being returned to the RRB.

I have received and reviewed the booklets *RB-30 Spouse Annuity*, *RB-9 Employee and Spouse Annuities - Events that Must be Reported* and form *G-77a How Work Affects Your Railroad Retirement Benefits*. I understand that I am responsible for reporting events that would affect my annuity. Failure to report any of the events that may affect my annuity, may result in a penalty deduction from my annuity, criminal and/or civil prosecution.

I agree to immediately notify the RRB, if

- My marriage to the employee ends in death or divorce.
- I receive a lump sum payment or begin to receive a monthly pension based on my earnings from a Federal, state or local government agency.
- I file for social security benefits on **any** person's account.
- I go to work for a railroad or railroad labor organization or work in any capacity in the railroad industry.
- I return to work for Jive Records.
- I earn over the annual earnings exempt amount.
- I perform work, including self-employment, for a family owned controlled or managed business, including a business operated, managed or owned by me, a family member, friend or close associate whether for pay or not and without regard to how the business is organized (e.g., sole proprietorship, partnership, corporation, LLC, etc.).
- I become a corporate officer of, own or operate a corporation, (including a corporation owned by a family member or friend), whether for pay or not.
- I receive anything of value in lieu of salary or wages for any work that I perform.
- My address changes.
- My bank account changes.
- I am confined to a jail, prison, penal institution, or correctional institution due to a conviction for a criminal offense.

Signature (First Name, Middle Initial, Last Name)

Date (Month/Day/Year)

If this certification is signed by mark ("X"), two witnesses who know the person signing must sign below, giving their full addresses and daytime telephone numbers.

Signature of Witness

Address (Street, City, State and ZIP Code)

(_____)_____
Daytime Telephone Number

Signature of Witness

Address(Street, City, State and ZIP Code)

(_____)_____
Daytime Telephone Number