

United States  
**Office of Personnel Management**  
 Retirement Services  
 P.O. Box 45  
 Boyers, PA 16017-0045

## Application for Selection as Representative Payee of an Annuitant

If an annuitant is unable to manage or direct the management of his/her payments made under the Civil Service Retirement System (CSRS) or Federal Employees Retirement System (FERS), the Office of Personnel Management (OPM) requires that the payments be made to a court appointed guardian/conservator, or to an OPM selected representative payee with the clear understanding that the funds will be expended and conserved for the benefit of the annuitant. If the annuitant's full monthly payment is not required to meet his/her current needs, the representative payee is required to conserve the unused amount for the annuitant's future needs. The representative payee will be held accountable for the funds and will have to provide written reports, as OPM requires, to show that the payments are being properly used for the annuitant. Further, representative payees are obligated to notify OPM immediately when they are no longer acting on behalf of the annuitant, or of other changes in circumstances that would impact their ability to carry out their duties. If an annuitant dies and is erroneously paid annuity after death, the representative payee must promptly return the erroneous annuity paid. Such payments must be returned to the U.S. Department of the Treasury. The representative payee will also be held liable for any misused funds. In addition to receiving annuity payments, the representative payee is responsible for acting in the annuitant's best interest by authorizing the correct Federal income tax withholding from the annuity using Internal Revenue Service (IRS) form W-4P, *Withholding Certificate for Pension or Annuity Payments*. The representative payee can select the appropriate Federally sponsored health benefit coverage when applicable.

***Please read the following instructions carefully to avoid delay in processing your application.***

### Miscellaneous Instructions

An individual applying to be the representative payee must include unexpired photo identification (*e.g., a driver's license, passport, Federal ID, State ID, or U.S. Military ID*) with the *Application for Selection as Representative Payee of an Annuitant (RI 20-7)*. This does not apply to an organization.

Only one person or organization may be selected as the approved representative payee on file. That party will be fiducially responsible for submitting financial reports as requested by OPM.

OPM does not recognize a power of attorney (POA) or durable power of attorney (DPOA) for purposes of selecting a representative payee. Accordingly, do not send the POA/DPOA document to OPM with the RI 20-7.

### Court Appointed Guardian or Conservator

If there is a court appointed guardian or conservator, ***including the estate, property, or plenary***, an individual or an organization may apply to become the representative payee by completing the RI 20-7, and mailing it to OPM with an ***original*** or a ***certified copy*** of the court order. If you do not have the type of court order described above, or if you have a temporary or emergency court order with an expiration date of less than one year, we will need additional information as required in the *OPM Selected Representative Payee* section below.

Note that the following types of court orders are ***not*** acceptable by OPM and will be returned to the applicant:

- ▶ Photocopies that have not been certified
- ▶ A guardianship/conservatorship of the person only

## OPM Selected Representative Payee

If a court appointed guardian or conservator, including the estate, property, or plenary, has not been ordered by the court, an individual, or an organization may apply to be an OPM selected representative payee by completing the RI 20-7. If the annuitant has not been found to be incompetent by the court, the following information is **required** to make a determination concerning the annuitant's competency and ability to manage his/her benefits:

- 1) A statement from a physician or other licensed health practitioner who has been treating the individual. The individual, or representative is responsible for any cost incurred in obtaining this documentation. The medical diagnosis, on his/her letterhead, must address the alleged incompetency, including:
  - A history of the specific medical condition(s) which caused the individual to be incompetent, including symptoms, physical findings, results of laboratory studies, and response to therapy.
  - The diagnosis should be in accordance with International Statistical Classification of Diseases and Related Health Problems (ICD) terminology or, in the case of psychiatric disorders, with Diagnostic and Statistical Manual of Mental Disorders (DSM) criteria.
  - The duration of the medical condition(s), including the date the condition caused incompetency and the date, or expected date, of full or partial recovery.
- 2) Affidavits from at least two people who know the facts of the individual's competency, preferably one from a member of the individual's immediate family, and one from a non-family member. **The affidavits must be sworn to, or affirmed before a notary public, or other officer who is authorized by law to administer oaths.** The affidavits should state:
  - The relationship to and amount of contact with the individual during the relevant period.
  - What actions or incidents were personally observed that would indicate that the individual's condition interfered with the ability to handle his/her personal affairs and how often these incidents were observed.
  - The reason why a fiduciary was not appointed by the court to handle the individual's finances.
  - Who is currently administering the individual's finances.

## Checklist

- Answer **all** questions on the RI 20-7. Use additional sheets of paper if necessary.
- An **original signature** is required. If signing on behalf of an organization, an **authorized signatory** must sign and write "*for*" followed by the name of the organization after their signature.

An individual applying to be the representative payee must include an unexpired photo ID, as previously explained.

- If applying as a court appointed guardian or conservator, be sure to include an original, or certified copy, of a guardianship or conservatorship court order including the estate, property, or plenary as explained above.
- If applying as an OPM selected representative payee, be sure to include the medical documentation, and two affidavits, as explained above.
- If direct deposit, a voided check is required. To prevent commingling of funds, only a spouse may have a joint bank account with the annuitant. The annuitant's name is required on the account. **Example:** Fiduciary's Name for Annuitant's Name.
- Incomplete applications will be returned to the applicant. A faxed application is not acceptable. **Mail the completed application, with the court order or required medical documentation and affidavits, to:** U.S. Office of Personnel Management, Retirement Services, Attn: Rep Payee, PO Box 45, Boyers, PA 16017-0045.

For more information, you may call the Retirement Information Office at 1-888-767-6738, Monday through Friday (*excluding Federal holidays*), between 7:40 a.m. and 5:00 p.m. Eastern time, or write to us at the address shown above. Hearing impaired users should utilize the Federal Relay Service by dialing 711, or their local communications provider, to reach a Communications Assistant.

**Application For Selection As Representative Payee of an Annuitant**

OPM places a significant amount of responsibility on the representative payee. Consequently, OPM is interested in selecting the most suitable person to be the annuitant's fiduciary. Therefore, it is necessary to determine your relationship to the annuitant and the extent of your ability to direct the management of benefits under CSRS or FERS in the best interests of the annuitant. If you have any questions regarding this form, you may contact OPM at 1-888-767-6738. Hearing impaired users should utilize the Federal Relay Service by dialing 711, or their local communications provider, to reach a Communications Assistant.

*Answer completely. Give explanations where required. Attach additional sheets if necessary.*

**Part A - Information About the Annuitant**

1. Annuitant's claim number (CSA/CSF)	2. Annuitant's full SSN	3. Annuitant's name
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4. Annuitant's complete **physical** address (*This is not necessarily the same as the mailing address.*)

5. Does the annuitant live (*check one*):  Alone  In a facility  In a private residence\*

*\*If living in a private residence, please provide the information below for all other individuals living in the residence.*

Name	Relationship	Name	Relationship

6. Why is the annuitant unable to manage or direct the management of his/her annuity?

7. If the annuitant is **not** a minor, has the annuitant been found incompetent by a State court?

- Yes (*Enclose an original or certified copy of the court order as described in the instructions. A photocopy that has not been certified is not acceptable. OPM does not recognize a power of attorney (POA) or durable POA (DPOA). Do not submit this type of document with this application.*)
- No (*Enclose the medical documentation showing incompetence and two affidavits as described in the instructions.*)

8. To your knowledge, has any individual or organization, other than yourself, been appointed or applied for appointment by a State court as a guardian or conservator charged with fiduciary responsibility of the annuitant's estate?

- Yes (*Provide that person's name and address below and explain why you think it would be in the annuitant's best interest that payment be made to you.*)
- \_\_\_\_\_
- \_\_\_\_\_
- No

9. If the annuitant is a minor, and the applicant is **not** the parent, does the child have a living natural/adoptive parent?

- Yes (*Provide the name, address, and telephone number of the parent.*)  No  N/A

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\_\_\_\_\_

\_\_\_\_\_

Does the parent show interest in the child?

- Yes
- No (*Explain below.*)

**Part B - Information About the Applicant**

1. Applicant's name	2. If an Individual, enter applicant's SSN. If an Organization, enter applicant's EIN	3. If an Individual, enter applicant's date of birth (mm/dd/yyyy)
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4. If an Individual, list other names used by applicant ( <i>Marital, maiden, etc., if applicable.</i> )	6. Applicant's relationship to annuitant
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5. Applicant's address	6. Applicant's relationship to annuitant
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*Continue Part B on the other side of this page.*

7. Do you live within commuting distance of the annuitant?

Yes

No (Explain how you will manage the annuitant's affairs.)

8. Have you assumed the responsibility for the annuitant's routine expenses?

Yes

No (Provide the name and address of the person who assumed these responsibilities.)

9. Do you have any prior experience as a representative payee?

Yes (Explain below.)

No

10. Have you ever been dismissed as a representative payee?

Yes (Explain below.)

No

11. Have you assumed the responsibility for providing care for the annuitant?

Yes (If the annuitant lives with you, who takes care of the annuitant when work or another activity takes you away from home?)

No (Provide the name and address of the person who assumed these responsibilities.)

12. Explain below how you will use the annuity payments to benefit the annuitant.

13. Explain below how you will conserve the annuitant's payments if they are not required to meet the annuitant's current needs.

**Part C - Additional Information About an Individual Applicant (Organizations May Skip this Section)**

1. Are you currently employed?

Yes (List your employer's name and address.)

No (What is your main source of income?)

Three stacked rounded rectangular boxes for providing employer name and address.

Three stacked rounded rectangular boxes for providing main source of income.

2. Have you ever been convicted of a felony? (Including, but not limited to, violations of 5 U.S.C. 8345a or 8466a; section 208 or 1632 of the Social Security Act (42 U.S.C. 408 or 1383a); 38 U.S.C. 6101 or any offense resulting in imprisonment for more than one year.)

Yes (Answer a-e below.)

Three stacked rounded rectangular boxes for questions a, b, and c: a. On what date (mm/dd/yyyy) were you convicted? b. What was the crime? c. What was your sentence?

Two stacked rounded rectangular boxes for questions d and e: d. If in prison, when (mm/dd/yyyy) were you released? e. If probation was ordered, when (mm/dd/yyyy) did/will your probation end?

No (Skip to #3.)

3. Do you have any unsatisfied felony warrants for your arrest?

Yes (Provide the date [mm/dd/yyyy] of the warrant below.)

No

Continue Part D on the next page.

