CERTIFICATE OF ELECTION FOR REDUCED WIDOW(ER)'S AND SURVIVING DIVORCED SPOUSE'S BENEFITS

1. Print Name of Wage Earner or Self-Employed Person *(Hereafter called "Worker")*	Enter Wage Earner's Social Security Number
2. Print Your Full Name *(First name, middle initial, last name)*	Enter Your Social Security Number

INFORMATION ABOUT REDUCED WIDOW(ER)'S AND SURVIVING DIVORCED SPOUSE'S BENEFITS

The law requires that you complete and return this Certificate of Election if you wish to receive a reduced widow(er)'s or surviving divorced spouse's benefit and are at least age 62 and under full retirement age (FRA).

The following will affect the amount of your benefit:

- The month and year you elect to begin to receive benefits will determine the amount of your monthly payments which will continue at a reduced rate even after you reach FRA.
- Depending on your date of birth, the rate of reduction applied to your benefit amount can range from 19/40 to 19/56 of 1 percent times the number of months from the start of the reduced benefits until the month you reach FRA.
- If another beneficiary is entitled to a monthly survivor benefit on this Social Security number, your benefit may be reduced by the total family benefit payable in the month. The benefit paid to a surviving divorced spouse will not affect the benefit amount paid to other family members who receive benefits on the same record.

INFORMATION ON HOW BENEFITS ARE AFFECTED IF THE DECEASED WORKER RECEIVED REDUCED RETIREMENT BENEFITS

If the deceased worker received retirement benefits before FRA, the maximum survivor's benefit is limited to the higher amount that the deceased worker would have received if still alive or 82.5 percent of the deceased worker's unreduced benefit. Because of this limit, delaying receipt of reduced benefits will not necessarily increase the monthly benefit amount payable. We will review your selection in item 3 below to make sure that the month selected maximizes your benefit amount.

3. I elect to accept permanently reduced benefits as provided in Section 202(q) of the Social Security Act, beginning with The selected month can be the month the deceased worker died or any month before you reach FRA (provided that the month you choose is within the past 12 months).	MONTH	YEAR

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 *(First name, middle initial, last name) (Write in ink)*	Date *(Month, day, year)* Telephone Number (include area code)
Mailing Address *(Number and street, Apt. No., P.O. Box, or Rural Route)*	
City and State	ZIP Code

Witnesses are required ONLY if this certificate has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the person completing this certificate must sign below, giving their full addresses.

1. Signature of Witness	2. Signature of Witness
Address *(Number and street, City, State and ZIP Code)*	Address *(Number and street, City, State and ZIP Code)*

(over)

Privacy Act Statement
Collection and Use of Personal Information

Section 202 of the Social Security Act, as amended, allows us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent an accurate and timely decision on your claim for benefits.

We will use the information you provide to assist us in determining your eligibility for reduced benefits as a widow(er) or a surviving divorced spouse. We may also share your information for the following purposes, called routine uses:

- To third party contacts, where necessary, to establish or verify information provided by representative payees or representative payee applicants; and
- To contractors and other Federal Agencies, as necessary, for the purpose of assisting us in the efficient administration of our programs. We will disclose information under this routine use only in situations in which we may enter into a contractual or similar agreement to obtain assistance in accomplishing an SSA function relating to this system of records.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0089, entitled Claims Folders System, as published in the Federal Register (FR) on October 31, 2019, at 84 FR 58422. Additional information, and a full listing of all our SORNs, is available on our website at www.ssa.gov/privacy.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 2 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. You can find your local Social Security office through SSA's website at www.socialsecurity.gov. Offices are also listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778).** *You may send comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.* ***Send only comments relating to our time estimate or other aspects of this collection to this address, not the completed form.***