

**AUTHORIZATION**

I, \_\_\_\_\_, SS No. \_\_\_\_\_, hereby authorize  
\_\_\_\_\_, whose signature, social security number, and  
passport number, and phone number appear below, to pick up my MSA Refund check from  
Social Security Administration when the check is processed. I declare under penalty of perjury  
that I am doing this solely on my own free will because I am not sure of my forwarding address  
upon my return to my country.

\_\_\_\_\_  
Name of Applicant (Print & Sign)

\_\_\_\_\_  
Name of Authorized Person (Print & Sign)

SS No. \_\_\_\_\_

PSS No. \_\_\_\_\_

Phone. No. \_\_\_\_\_

*Subscribed and sworn before me*, a notary public of and for the Republic of Palau this  
\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

\_\_\_\_\_  
**Notary Public**