

**AUTHORIZATION**

We, the undersigned, hereby authorize \_\_\_\_\_, whose signature, Social Security Number, passport number, and phone number appear below, to pick up our MSA Refund check(s) from Social Security Administration when the check(s) are processed. We declare under penalty of perjury that we are doing this solely on our own free will because we are not sure of our forwarding address/banking institution upon our return to our country.

Name of Applicant (Print & Sign)	SS No.	Name of Authorized Person (Print & Sign)
1. _____	_____	_____
2. _____	_____	SS No. _____
4. _____	_____	PSS No. _____
5. _____	_____	Phone No. _____
6. _____	_____	
7. _____	_____	
8. _____	_____	
9. _____	_____	
10. _____	_____	
11. _____	_____	
12. _____	_____	

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

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