

REQUEST FOR RECORDS DISPOSITION AUTHORITY <i>(See Instructions on reverse)</i>		LE <input type="checkbox"/> BLANK (NARA use only)	
TO NATIONAL ARCHIVES and RECORDS ADMINISTRATION (NIR) WASHINGTON, DC 20408		JOB NUMBER	N147-98-1
1. FROM (Agency or establishment) Social Security Administration		DATE RECEIVED	5-5-98
2. MAJOR SUBDIVISION Office of Program Benefits Policy		NOTIFICATION TO AGENCY	
3. MINOR SUBDIVISION Division of Representative Payment & Evaluation		In accordance with the provisions of 44 U S C 3303a the disposition request, including amendments, is approved except for items that may be marked "disposition not approved" or "withdrawn" in column 10	
4 NAME OF PERSON WITH WHOM TO CONFER	5. TELEPHONE	DATE	ARCHIVIST OF THE UNITED STATES
Bill White	(410) 965-2596	12-14-98	<i>[Signature]</i>

6 AGENCY CERTIFICATION
I hereby certify that I am authorized to act for this agency in matters pertaining to the disposition of its records and that the records proposed for disposal on the attached 2 page(s) are not now needed for the business of this agency or will not be needed after the retention periods specified; and that written concurrence from the General Accounting Office, under the provisions of Title 8 of the GAO Manual for Guidance of Federal Agencies,

is not required; is attached; or has been requested.

DATE	SIGNATURE OF AGENCY REPRESENTATIVE	TITLE
2/27/98	<i>[Signature]</i> LARRY DEWITT	SSA Records Officer

7 ITEM NO	8 DESCRIPTION OF ITEM AND PROPOSED DISPOSITION	9 GRS OR SUPERSEDED JOB CITATION	10 ACTION TAKEN (NARA USE ONLY)
	<p><u>Form SSA-6233-BK Representative Payee Report of Benefits and Dedicated Account</u></p> <p>This report is sent to representative payees to report on the use of monthly benefits and funds in a dedicated account.</p>		

