Exhibit 2 – Sample SSA-6233-BK Representative Payee Report of Benefits and Dedicated Account

Representative Payee Report of Benefits and Dedicated Account

aiiu	Dedicated Account		0	MB No. 0960-0576
PAYEE'S N	AME AND ADDRESS	REPORT PERIO	DD	
		FROM:	TO:	
		SOCIAL SECUR	ITY NUMBER	
/		BENEFICIARY		
Please reviev	withe above mailing address and correct if necessary			
This repo	ort is about the benefits you received for the be ated account during the report period show	eneficiary and those whi	ich were de	eposited in
reported	as saved from a prior report period. Please re	ad the enclosed instru	ictions be	fore
	ing this form to help you answer each question	3N.		
1. We	re you (the payee) convicted of a crime consider felony during the report period shown above	lered to	YES	NO
- 1	ES, please explain the type of crime:		ш	ш
	the beneficiary continue to live alone, or with		YES	NO
	son, or in the same institution during the report wn above?	period		
lf N	O, please explain and provide the beneficiary	's current address:		
3. Ben	efits paid to you during the report period	=\$		$\overline{}$
	nefits you reported saved from prior years	=\$/		
Tot	al Accountable Benefit Amount	=\$		<u> </u>
A.	Did you (the payee) decide how the total		YES	NO
	accountable amount was spent or saved?			
	If NO, please explain:			
- 1				

Form SSA-6233-BK (07-2013) ef (07-2013) Destroy Prior Editions

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3.	Б.	How much of the total accountable amount of		DOLLAR AMOUNT			
		the beneficiary's food and housing during the	report period?	(NO CENTS)			
				#			
	~	How much of the total accountable amount d	id vou epend on				
	.			DOLLAR AMOUNT			
		other things for the beneficiary such as clothi	ng, education,	(NO:CENTS)			
		medical and dental expenses, recreation, or p	personal items				
		during the report period?					
		during the report period?					
		If the beneficiary lives in an institution or	other care facility and y	ou spent less			
		than \$360 a year for the beneficiary's person.	al needs, please explair	n how his/her			
		than \$360 a year for the beneficiary's personal needs, please explain how his/her needs were met:					
		liceus weie illet.					
			\rightarrow				
			, / _				
	_		///				
	D.	How much, if any, of the total accountable an	nount did you save	DOLLAR AMOUNT			
		for the beneficiary as of the last month in the	report period? If	(NO:CENTS)			
		none, show zeroes.	_ / _				
		HUHE SHUW/FILES					
		Tione, show zeroes.		æ			
		Holle, Show Zeloes.		#			
4	Ifwo		"Y" in the boxes below to	x show how you are			
4.		ou showed an amount in 3.D. above, pjace an '					
4.	savi	ou showed an amount in 3.D. above, place an ang the benefits. If you have more than one acc					
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4.	savi	ou showed an amount in 3.D. above, place an ang the benefits. If you have more than one acc		re than one box in			
4.	savi	ou showed an amount in 3.D. above, place an ang the benefits. If you have more than one accompanies. A. TYPE OF ACCOUNT	count, you may mark mo	re than one box in			
4.	savi	ou showed an amount in 3.D. above, place an ang the benefits. If you have more than one accompaction. A. TYPE OF ACCOUNT Collective	count, you may mark mo	re than one box in			
4.	savi each	ou showed an amount in 3.D. above, place an any ing the benefits. If you have more than one accomplishment of the section. A. TYPE OF ACCOUNT Collective Savings/	count, you may mark mo	ACCOUNT			
4.	Savi each Savi Che	ou showed an amount in 3.D. above, place an 'ng the benefits. If you have more than one acch section. A. TYPE OF ACCOUNT Collective Savings/ Checking Other	B. TITLE OF	re than one box in			
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	Savi each	ou showed an amount in 3.D. above, place an another section. A. TYPE OF ACCOUNT Collective Savings/ Checking Other of Deposit Account If you answered "Other" in 4.A., show the typ benefits are saved:	B. TITLE OF Beneficiary's Name Beneficiary by Your Name Beneficiary count, you may mark mo	ACCOUNT Lame for other or oth			
	Savi each	ou showed an amount in 3.D. above, place and ing the benefits. If you have more than one accomplished benefits are savings? Collective Savings? Checking Other Account Other Account If you answered "Other" in 4.A., show the typ benefits are saved:	B. TITLE OF Beneficiary's Name Beneficiary by Your Name Beneficiary count, you may mark mo	ACCOUNT Lame for other or oth			
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	Savi each	ou showed an amount in 3.D. above, place and ing the benefits. If you have more than one accomplished benefits are savings? Collective Savings? Checking Other Account Other Account If you answered "Other" in 4.A., show the typ benefits are saved:	B. TITLE OF Beneficiary's Name Beneficiary by Your Name Beneficiary count, you may mark mo	ACCOUNT Lame for other or oth			

6.	Past	 due SSI benefits deposited by SSA in dedicated acco 	unt =\$		
	Bala	nce in dedicated account as you reported on a prior rep	ort =\$		
	Tota	I Dedicated Account Amount	=\$		
		you deposit any money into the dedicated account duri	ng the	YES	NO
	repo	rt period?		ш	ш
	IF VE	S, please provide the date and amount of each depos	i i -		
	11 1 5	sa, piease provide the date and amount of each depos	at.		
	_				
7.	A.	Did you take any money out of the dedicated account		YES	NO
		during the report period?			
		If YES, please explain what items and/or services you	I		
		purchased and the amount of each purchase:			
	_		\rightarrow	YES	NO.
	В.	Were these purchases for medical treatment, or educa	tíon	ΪĨ	
		or job skills fraining?	^		_
		If NO, please explain how they benefited the beneficia	ND4		
		and are related to his/her impairment(s):	uy		
				$-\!\!/-\!\!/$	
8.	Wha	t is the balance, including any interest earned, in the de	dicated	/	R AMOUNT
		ount as of the last month in the report period? If none, sl			O(CENTS)
	zero	es.			
		nder penalty of perjury that I have examined all the information on thi nd it is true and correct to the best of my knowledge. I understand th			
misle	ading	statement about a material fact in this information, or causes some on, or may face other penalties, or both.			
		IGNATURE (If signed by mark (X), two witnesses must sign below.)	DATE	//	
		0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0	_		
DCI /	TION	SHIP TO BENEFICIARY OR TITLE	TELEBUONE N	IIIMDED (finalis	iding area code)
KLL	ATTE IN	SHIP TO BEKEFICIANT ON HILLE		TOWN ER (Inter	uling area code)
			()	√/	
	Witi	ness Signatures Are Required Only If The Payee's Signature Al	ove Has Beer	n Signed By	Mark (X).
SIGN	IATUR	E OF WITNESS	DAIL		
	IATE ID	E OF WITNESS	DAIL		
SIGN					