



SOCIAL SECURITY ADMINISTRATION:

By signing this document below I, _____ request, without undue influence, that Life Options of West Tn.Inc. become my representative payee.

I understand that I may revoke this request at any time.

Printed Name of Claimant

Signature of Claimant

If you have any questions regarding these matters, please call 901-347-3972 or 901-262-6263. Thank you for your assistance.

Chdarles Putnam
Director of Operations

Life Options of West Tennessee Inc.
2600 Poplar Ave. Ste. 112
Memphis, Tn. 38112
Ph. 901-347-3972, Fx. 901-907-0299