



BENEFICIARY STATUS CHANGE NOTIFICATION FORM

TRUST UNITED Representative Payee Services

This form is used to notify TRUST UNITED of any changes involving a beneficiary's status, living arrangements, financial obligations, medical condition, income, or other significant changes that may affect Social Security benefits or Representative Payee services.

SECTION 1 – BENEFICIARY INFORMATION

Beneficiary Name: _____

Date of Birth: _____

Social Security Number (Last 4 Digits Only):

Current Address: _____

Telephone Number: _____

SECTION 2 – TYPE OF STATUS CHANGE

- Address Change
- Move to New Facility / Residence
- Hospitalization
- Discharge from Facility
- Employment or Income Change
- Change in Rent or Financial Responsibility
- Change in Marital Status
- Incarceration
- Medical Condition Change
- Death of Beneficiary

Change in Guardian / Authorized Representative

Other: _____

SECTION 3 – DESCRIPTION OF CHANGE

Please provide detailed information regarding the status change and effective date:

SECTION 4 – UPDATED INFORMATION

New Address / Facility: _____

Updated Monthly Rent: _____

Updated Telephone Number:

Updated Emergency Contact:

Updated Income Information:

Effective Date of Change: _____

SECTION 5 – PERSON REPORTING CHANGE

Name of Person Reporting: _____

Relationship to Beneficiary: _____

Telephone Number: _____

Email Address: _____

ACKNOWLEDGMENT

I certify that the information provided within this notification form is accurate to the best of my knowledge.

Signature: _____

Date: _____

TRUST UNITED Representative:
