



AUTHORIZATION TO INCREASE/DECREASE ALLOTMENT
FSM SOCIAL SECURITY ADMINISTRATION

FSMSS-113d Rev. 10/2020

Beneficiary Name: _____ Date: _____

Wage Earner: _____

Address: _____

Zip Code: _____

I WOULD LIKE TO REQUEST AN **INCREASE OR DECREASE** OF MY
(Circle one)

SS MONTHLY BENEFIT CHECK TO BE MADE PAYABLE TO

Allottee/Org.: _____

Address: _____ Zip Code: _____

Name of Acct./Number: _____

Amount: (FROM) = _____ (TO) = _____

Reason for request: _____

Beneficiary's Signature: _____ ID. # (if any): _____

Witnessed by (FSMSSA Staff): _____ Date: _____

Receipt No. _____ Date Paid: _____

DO NOT WRITE BELOW – FOR FSMSS USE ONLY

TYPE OF BENEFIT: RE SS

DI

BE SS NO. _____

WE SS NO. _____

CLAIM DIVISION

ALLOTTEE CODE _____

VERIFIED BY: _____

EFFECTIVE DATE

APPROVED BY:

Alexander R. Narruhn, Administrator

Date

FSMSS is not liable for any delayed and/or late payments, charged interest, etc. that may have incurred due to computer technicalities if any. This allotment should be for a minimum duration of one year. Administrative Cost: \$5.00 per request effective June 2020.