



Representative Payee's Request to
Open Account(s) at Amalgamated Bank
For Benefit of Health Care Facility Resident

Resident's Name _____
First Middle Last

Resident's Social Security Number: _____ - _____ - _____

The undersigned health care facility (the "Health Care Facility") * hereby:

1. Certification of Representative Payee Status: Certifies that the Social Security Administration has designated the Health Care Facility as the representative payee (the "Representative Payee") for the resident named above with respect to payments issued by the Social Security Administration for the benefit of the resident, and that such designation is currently effective.

(A copy of the Social Security Administration's currently effective designation of the Health Care Facility as Representative Payee for the resident is attached.)

2. Request to Open Accounts: Requests that Amalgamated Bank (the "Bank") open:(a) Special Checking Account naming the Health Care Facility as Representative Payee for the benefit of the resident for deposit of Social Security Administration payments to the Health Care Facility as Representative Payee, (b) such other accounts, including any interest-bearing Living Allowance and/or Burial Fund Account, as the Health Care Facility may from time to time request the Bank to open pursuant to a "Master Health Care Facility Residents' Accounts Agreement" entered into by the Health Care Facility and the Bank.

3. Taxpayer Identification Number Certification: Certifies, under penalties of perjury that the resident's Social Security Number shown above is the residents correct Social Security Number.

Date: _____, 20_____

Health Care Facility: _____

By: _____

Print Name: _____

Print Title: _____