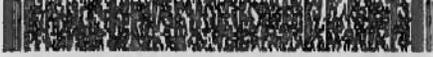


CLASS: D-Single Veh or combination up to 26,000 lbs. GVWR/GCWR
END: None
RESTR: Any use of alcohol/drugs inval; Corr. Lenses

Lying Will/Healthcare Directive

Firearm



Form QA-702 Rev. (9-61)

KEEP this card. SIGN it immediately. SHOW it to your employer. Mention the number in all letters about your account. If you lose this card, apply for a duplicate, not a new number.

Once a year you can get a statement of wages credited to your account. Get a form for this purpose from any Social Security Administration District Office.

If you change your name, notify the nearest Social Security Administration District Office immediately.

TELL YOUR FAMILY TO NOTIFY THE NEAREST SOCIAL SECURITY OFFICE IN THE EVENT OF YOUR DEATH. IT IS ADVISABLE TO GET IN TOUCH WITH A SOCIAL SECURITY OFFICE WHEN YOU REACH RETIREMENT AGE OR IF YOU BECOME SEVERELY DISABLED.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION