

Birch Tree Communities, Inc.  
Explanation of Social Security Form SSA-4164 (5/91)

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The purpose of signing Form SSA-4164 (5/91) is to expedite the process of naming Birch Tree Communities, Inc., as your representative payee. Birch Tree Communities, Inc., is not your payer until such time as the Social Security Office deems it necessary. By signing Form SSA-4164 (5/91) you are agreeing that you need a representative payee as well as requesting Birch Tree Communities, Inc. to be that payee.

_____ Signature of Member	_____ Date
_____ Signature of Guardian	_____ Date
_____ Signature of Witness	_____ Date