

# REQUEST FOR WITHDRAWAL OF APPLICATION

Do not write in this space

**IMPORTANT NOTICE.**— This is a request to cancel your application. If it is approved, the decision we made on your application will have no legal effect, all rights attached to an application, including the rights of reconsideration, hearing, and appeal will be forfeited, and any payments we made to you or anyone else on the basis of that application will have to be returned. You must then reapply if you want a determination of your Social Security rights at any time in the future but any subsequent application may not involve the same retroactive period. This procedure is intended to be used only when your decision to file has resulted, or will result, in a disadvantage to you. Your local Social Security office will be glad to explain whether, and how, this procedure will help you.

NAME OF WAGE EARNER, SELF-EMPLOYED INDIVIDUAL, OR ELIGIBLE INDIVIDUAL <b>JOHN HENRY DOE</b>		SOCIAL SECURITY NUMBER <b>123-45-6789</b>	
PRINT YOUR NAME (First name, middle initial, last name) <b>John H. Doe</b>		DATE OF APPLICATION <b>March 3, 2006</b>	TYPE OF BENEFIT <b>N/A</b>
		TYPE OF APPLICATION <b>SS-5</b>	

I hereby request the withdrawal of my application, dated as above, for the reasons stated below. I understand that (1) this request may not be cancelled after 60 days from the mailing of notice of approval; and (2) if a determination of my entitlement has been made, there must be repayment of all benefits paid on the application I want withdrawn, and all other persons whose benefits would be affected must consent to this withdrawal. I further understand that the application withdrawn and all related material will remain a part of the records of the Social Security Administration and that this withdrawal will not affect the proper crediting of wages or self-employment income to my Social Security earnings record.

Give reason for withdrawal. (If you need more space, use the reverse of this form.)

- I intend to continue working. (I have been advised of the alternatives to withdrawal for applicants under full retirement age and still wish to withdraw my application.)
- Other (Please explain fully): I, **John Henry Doe**, nunc pro tunc, a living, breathing **man**, make this rescission, termination, rejection, and waiver of limited liability benefits voluntarily, freely and with reservation of all rights without prejudice.

Continued on reverse

## SIGNATURE OF PERSON MAKING REQUEST

Signature (First name, middle initial, last name) (Write in ink)	Date (Month, day, year) <b>March 03, 2006</b>
<b>SIGN HERE</b> _____, under agency	Telephone Number (include area code) <b>N/A</b>

Mailing Address (Number and Street, Apt. No., P.O. Box, or Rural Route)

c/o <b>General Delivery</b>		
City and State <b>Minneapolis, Minnesota</b> state	ZIP Code <b>[55401]</b>	Enter Name of County (if any) in which you now live united States of America

**Witnesses are required ONLY if this request has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the person making the request must sign below, giving their full addresses.**

1. Signature of Witness	2. Signature of Witness
Address (Number and Street, City, State and ZIP Code) c/o 12121 Far Away Street <b>Blaine, Minnesota</b> state <b>[55449]</b>	Address (Number and Street, City, State and ZIP Code) c/o 999 Pure Gold Street <b>Minneapolis, Minnesota</b> state <b>[55405]</b>

## FOR USE OF SOCIAL SECURITY ADMINISTRATION

<input type="checkbox"/> APPROVED	<input type="checkbox"/> NOT APPROVED BECAUSE _____	<input type="checkbox"/> BENEFITS NOT REPAID	<input type="checkbox"/> CONSENT(S) NOT OBTAINED	<input type="checkbox"/> OTHER (Attach special determination)
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SIGNATURE OF SSA EMPLOYEE	TITLE <input type="checkbox"/> CLAIMS AUTHORIZER <input type="checkbox"/> OTHER (Specify)	DATE
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Additional Remarks:

I, **John Henry Doe**, nunc pro tunc, hereby make this rescission, termination, and waiver of **limited liability insurance scheme benefits** voluntarily, freely, and with reservation of all rights without prejudice, and state the following:

At the time of application for limited liability insurance benefits and other benefits via an SS-5 form, I was not capable of contracting, having no knowledge of the terms and conditions, reciprocity requirements, undisclosed governing laws, principles and doctrines, or implied terms of such a contract, being unconscionable, in that it provides no equal exchange of consideration, and cannot be made valid without consideration.

I hereby give notice that any and all property extracted from **JOHN HENRY DOE** by the SSA, its agents, principals, or co-business partners was/would be extracted under fraudulent pretenses, inducement by fraud, etc., and that **John Henry Doe** is the one who has authority to enforce a right to all such interpleaded property, as **John Henry Doe** is a secured party to **JOHN HENRY DOE**, and that all such property is not bail in fact under any Trading With the Enemy Act doctrine.

I, **John Henry Doe**, nunc pro tunc, state for the record, that I am not a United States citizen, Fourteenth Amendment citizen, United Nations citizen, State of [redacted] citizen, nor any citizen at all, nor that I am an officer, agent, or employee of the United States, nor that I am a beneficiary of any compelled benefits scheme arising out of any contract, trust, or agreement with the United States, United Nations, United States of America, Washington D.C., or the State of [redacted], but that I am a de jure **man** on the land, first appearing as **John Henry Doe** on the [redacted] day of [redacted], [redacted], at [redacted] county, [redacted] state, and no witness has testified and no record exists that establish any fact that I have a fiduciary duty or liability for **JOHN HENRY DOE**. If “**national citizenship**” of **John Henry Doe** has been assumed or concluded by construction, mistake, or other means, this request for withdrawal constitutes a formal withdraw and Notice of Withdrawal of such status.

\_\_\_\_\_, without recourse, under agency                      Dated: \_\_\_\_\_  
John Henry Doe

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you provide us may be used or give out are available in Social Security Offices. If you want to learn more about this, contact any Social Security Office.

**Paperwork Reduction Act Statement** - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 5 minutes to read the instructions, gather the facts, and answer the questions. **SEND THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213. You may send comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD 21235-0001. Send only comments relating to our time estimate to this address, not the completed form.**