

# Exhibit 4 – Monthly Beneficiary Accounting Ledger

## BENEFICIARY LEDGER

Month \_\_\_\_\_ Year \_\_\_\_\_

Benefit Type <input type="checkbox"/> SSI <input type="checkbox"/> SSA <input type="checkbox"/> Both				1. Representative Payee/Organization Name		
				2. Case Manager		
7. Name and Address of Financial Institution				3. Representative Payee Telephone Number		
				4. Beneficiary Name		
8. Account Number				5. Beneficiary SSN	6. Claim Number	
9. Ledger						
Transaction Date	Check Number	Amount	Type	Paid to and Reason (Beneficiary Must Sign Here If Cash Was Disbursed)	Receipt Y/N	Balance
			Deposit ___ Withdrawal ___ Retro PMT ___ Fee			
			Deposit ___ Withdrawal ___ Retro PMT ___ Fee			
			Deposit ___ Withdrawal ___ Retro PMT ___ Fee			
			Deposit ___ Withdrawal ___ Retro PMT ___ Fee			
			Deposit ___ Withdrawal ___ Retro PMT ___ Fee			
			Deposit ___ Withdrawal ___ Retro PMT ___ Fee			
			Deposit ___ Withdrawal ___ Retro PMT ___ Fee			
			Deposit ___ Withdrawal ___ Retro PMT ___ Fee			
10. Termination of Representative Payee Relationship						
A. Reason Relationship Ended: Death: _____ Whereabouts Unknown: _____ Change of Payee: _____ Other: _____						
Effective Date: _____ Date Reported to SSA: _____						
Amount of Funds Returned to SSA: _____ Date Funds Returned to SSA: _____						
11. Statement of Accuracy						
I certify this is an accurate record of income, expenditures, and conserved funds.						
12. Representative Payee Name (Print)				Signature	Date	