

**APPLICATION FOR APPOINTMENT AS GUARDIAN**

* NEW APPOINTMENT ☐ CHANGE OF GUARDIAN ☐ REMOVAL OF GUARDIAN
  + Pensioner ☐ Beneficiary

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **INFORMATION OF PENSIONER OR BENEFICIARY** | | | | | | | |
| Last Name | Last Name | | | Name | Initial | Social Security Number  - - | |
| Date of Birth  / / Day Month Year  Age: | | | Primary Telephone Number Alternate Telephone Number | | | Street Address | |
| Marital Status: | | | Does pensioner or beneficiary have children?   * Yes ☐No How many?   (If yes, complete information on the back) | | | If you receive benefits, please provide the name and Social Security # (full) of the deceased: | |
| Briefly describe the reasons for your application: | | | | | | | |
| **INFORMATION OF THE PROPOSED GUARDIAN** | | | | | | | |
| Full Name of Applicant | | | | | | * Care Home ☐Private Person * Other: | |
| Date of Birth  / / Day Month Year | | Mailing Address | | | | Street Address | |
| Marital Status | | Occupation Place of employment | | | | Relationship with pensioner or beneficiary: | |
| Social Security Number  - - | | Telephone Number | | | | Email address | |
| Have you been designated guardian of the pensioner or beneficiary by the Social Security Administration, the SIFC, ACAA, guardian appointed by a will or by a Competent Court in or outside of Puerto Rico? ☐Yes ☐No  Agency or Court: Date of appointment: / /  Day Month Year | | | | | | In addition to the applicant, are there any other persons interested in serving as guardian:   * Spouse ☐Parent * Child ☐Sibling ☐Grandparent * Other: | |
| **PLEASE CHECK, AS APPROPRIATE**   * Have you been convicted of an offense? * Have you filed for bankruptcy or declared bankrupt? * Have you been denied guardianship or removed as guardian by an administrative agency or by the Court? * Do you have a conflict of interests with the pensioner or beneficiary, have filed or had filed a claim or cause of action on his or her marital status or ownership of property or owe a considerable sum of money to him or her? (Act No. 121-2019, or others) * Have your parental rights been terminated or suspended by a Court Order? * Have you ever filed a frivolous or unfounded complaint, whether civil or criminal, against the pensioner/beneficiary, his or her ascendants or collaterals? | | | | | | * Yes * Yes * Yes * Yes * Yes * Yes | * No * No * No * No * No * No |
| I affirm and declare, under penalty of perjury, that the foregoing information is true and correct. I understand that by serving as guardian before the Retirement Board, I must comply with all duties and responsibilities prescribed by law and regulations.  / /  Applicant’s signature Day Month Year | | | | | | | |

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**INFORMATION OF FAMILY MEMBERS**

**OF PENSIONER OR BENEFICIARY**

**Please answer the following question:**

Are the following family members of the pensioner or beneficiary alive?

**A. SPOUSE / PARTNER ☐ YES ☐ NO ☐ N/A**

|  |  |  |  |
| --- | --- | --- | --- |
| **B. FATHER** | * **YES** | * **NO** |  |
| **C. MOTHER** | * **YES** | * **NO** |
| **D. CHILDREN** | * **YES** | * **NO** | * **N/A** |
| **E. SIBLINGS** | * **YES** | * **NO** | * **N/A HOW MANY?** |
| **F. GRANDPARENTS** | * **YES** | * **NO** |  |
| **G. OTHER** | * **YES** | * **NO** |  |

If **YES**, and **strictly** following the **above** order (A, B, C…), please provide the following information:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FULL NAME** | **RELATIONSHIP** | **DATE OF BIRTH**  **day/month/year** | **ADDRESS** | **TELEPHONE** | **EMAIL ADDRESS** |
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