

Read Instructions Before Filling Out This Form

DUPLICATE COPY.—To
be retained by Applicant.

APPLICATION FOR ANNUITY
TO
RAILROAD RETIREMENT BOARD
WASHINGTON, D. C.

R. R. B. No. _____

I HEREBY APPLY for an annuity under the provisions of the Railroad Retirement Act of 1935, such annuity to begin _____, 193____, by which date my retirement from all carrier service shall have become effective. I understand that all rights to return to carrier service must be terminated before an annuity can start to accrue. I HEREBY CERTIFY that all statements made by me in the following form are correct to the best of my knowledge and belief.

Date signed _____, 193____

(Signature) _____

NOTE.—Two witnesses necessary when applicant signs by mark.

(Write—do not print)

NOTE.—This application must be signed by the applicant in ink or indelible pencil on the line above. If signature is by mark, it must be witnessed by two persons who can write, giving their address in full.

Witness:
(Signature) _____

(Address) _____

Address of applicant (print):

Witness:
(Signature) _____

Street and number _____

(Address) _____

Town or city (post office) _____

County _____ State _____

1. Name (print) Sakley Vincent 2. Sex (M or F) M 3. Race W

4. Place of birth _____ 5. Date of birth _____, 18____
(Print) (Town or city) (County) (State)

6. Is this the first application (on approved form) you have made to the Railroad Retirement Board for an annuity? yes If not, give date of previous application(s) _____, 193____

7. Are you now actually working for a railroad or other carrier for compensation? I am laid off

8. If not, give the date you last worked for compensation Dec 9 1937

9. Name of railroad or other carrier for which you are now working or for which you last worked.

(Write out in full—do not use initials) Louisville and Nashville
at Bayles Ala at Birmingham Ala

10. Have you been retired from the service of a railroad or other carrier on account of mental or physical disability? (Yes or No) no

If so retired, give date of retirement _____, 193____, and name of carrier:

(Month) (Day)

(f) 1. Name of railroad or other carrier Southern at Selma Ala
 2. Last occupation Flagman 3. Department Transportation
 4. Division Selma 5. Location Selma Ala
 6. Date began service about Nov. 1 1898 7. Date ended service Feb 30 1899
 8. Cause of termination I Quit
 9. Exact name on pay roll D O Vincent

(g) 1. Name of railroad or other carrier Southern
 2. Last occupation Flagman 2nd Braking 3. Department Transportation
 4. Division Selma 5. Location Selma Ala
 6. Date began service Nov 1 1900 7. Date ended service Feb 17 1902
 8. Cause of termination I Quit
 9. Exact name on pay roll D O Vincent

(h) 1. Name of railroad or other carrier Louisville and Nashville
 2. Last occupation Car Repair 3. Department Car
 4. Division Birmingham 5. Location Boyles Ala
 6. Date began service Aug 28 1912 7. Date ended service Dec 9 1937
 8. Cause of termination I Shop Shutdown laid off
 9. Exact name on pay roll Oakley Vincent

17. This section should be filled in and signed ONLY if your services with a railroad or other carrier have been terminated and you no longer hold rights to return to such service.

NOTE.—An annuity cannot start to accrue prior to the date that rights to return to service have been terminated.

I hereby certify that my last compensated carrier or employee representative service was

rendered _____, that such service was definitely terminated

(Date)

on _____ and that I have relinquished all rights to return

(Date)

to the service of any carrier. Should I accept employment with any carrier in the future or should I act as an employee representative for compensation, I will promptly advise the Railroad Retirement Board.

(Signature—Write, do not print)

REMARKS: _____

(Use a separate sheet if necessary. Do not write in this space)

11. Are you married or single? Married If married, give name and birth date of wife (or husband) if living:

Name Penoma Seay Birth date Sep. 18 1888
(Month) (Day) (Year)

12. If you elect to accept an annuity smaller than it otherwise would be in order to provide an annuity for your wife (or husband) if surviving after your death, mark an "X" in one of the three squares below to indicate how you wish the total annuity distributed between yourself and wife (or husband). If you do not elect one of the three following options, your application will be for a regular life annuity under the Act. (Do not mark more than one square—Do not erase.)

Option (a) If you desire your wife (or husband) to receive the same annuity after your death that you will receive during your life, mark an "X" in this square

Option (b) If you desire your wife (or husband) to receive 75 percent of the annuity after your death that you will receive during your life, mark an "X" in this square

Option (c) If you desire your wife (or husband) to receive 50 percent of the annuity after your death that you will receive during your life, mark an "X" in this square

13. State the total number of years and calendar months during which service was rendered for compensation for any railroad or other carrier. (A calendar month in which service was performed for compensation counts as 1 month, and 12 such months constitute 1 year.)

Years 17 Months _____

14. Show below periods of one or more full calendar months in which you did not receive compensation on a carrier pay roll:

FROM			TO			FROM			TO		
Month	Day	Year	Month	Day	Year	Month	Day	Year	Month	Day	Year
<u>June</u>	<u>1</u>	<u>1932</u>	<u>Sept</u>	<u>18</u>	<u>1932</u>	<u>March</u>	<u>18</u>	<u>1934</u>	<u>June</u>	<u>1</u>	<u>1934</u>
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

15. AVERAGE COMPENSATION

(a) If record has been kept, state total compensation received from any carrier for services performed from January 1, 1924, to December 31, 1931, inclusive: \$ 16000 or 17000

(b) State total number of calendar months in which the compensation reported in (a) was earned _____

(c) If earnings record has not been kept, indicate as nearly as possible the average monthly compensation received for services performed from January 1, 1924, to and including December 31, 1931; or various rates of pay received for services performed during that period, with dates for which applicable; or other pertinent information which would enable the Board to determine an approximate average. Indicate clearly what the information recorded is 7 years was \$180

per mo. / year 100 per mo.

16. Dates of railroad or other carrier service: Show your first railroad service in space (a) and other service in following spaces in date order. If not enough spaces are provided, use a separate sheet and attach it securely to the application blank. Use separate space for each carrier for which you worked and for each occupation in which you were employed, if the change in occupation involved a change in pay roll.

(a) 1. Name of railroad or other carrier Southern
 2. Last occupation Flagging & Braking 3. Department Transportation
 4. Division Selma 5. Location Selma Ala
 6. Date began service about Nov. 1 1898 7. Date ended service Feb 30 1899
 8. Cause of termination I Quit
 9. Exact name on pay roll D O Vincent

(b) 1. Name of railroad or other carrier I went back Southern
 2. Last occupation Flagging & Braking 3. Department Transportation
 4. Division Selma 5. Location Selma Ala
 6. Date began service about Nov 1 1900 7. Date ended service Feb 17 1902
 8. Cause of termination I Quit
 9. Exact name on pay roll D O Vincent

(c) 1. Name of railroad or other carrier Louisville and Nashville
 2. Last occupation Car Repair 3. Department Car
 4. Division Birmingham 5. Location Boyle Ala
 6. Date began service Aug. 28 1922 7. Date ended service Dec 9 1937
 8. Cause of termination I Shop Closed down Layed off
 9. Exact name on pay roll Oakley Vincent

(d) 1. Name of railroad or other carrier _____
 2. Last occupation _____ 3. Department _____
 4. Division _____ 5. Location _____
 6. Date began service _____ 7. Date ended service _____
 8. Cause of termination _____
 9. Exact name on pay roll _____

(e) 1. Name of railroad or other carrier _____
 2. Last occupation _____ 3. Department _____
 4. Division _____ 5. Location _____
 6. Date began service _____ 7. Date ended service _____
 8. Cause of termination _____
 9. Exact name on pay roll _____

Read Instructions Before Filling Out This Form

DUPLICATE COPY.—To be retained by Applicant.

APPLICATION FOR ANNUITY
TO
RAILROAD RETIREMENT BOARD
WASHINGTON, D. C.

R. R. B. No. _____

What is your Social Security number? 704-05-2192

Date this application is signed Feb 1st, 1938

Be sure to select the kind of annuity you desire as you may be unable to change it after the application is filed with the Board. If you do not understand the effect of your selection of any of the annuities write to the Board for further information before signing this application. (See page 2 of instructions.)

I HEREBY APPLY for an annuity as specified under (a), (b), (c), or (d) immediately below and I certify that all statements made by me in this application are true and complete to the best of my knowledge and belief. I desire my annuity to begin two months prior to the filing date of this application or on the day following my last day of compensated employer*

service or on the 9th day of December, 1937, whichever day is the latest.

NOTE.—This application must be signed in ink or indelible pencil, by the applicant in person on the line showing which annuity he selects. If the applicant is unable to sign his name, he should make his mark (X); in which case the reason for his inability to sign his name should be fully explained under "Remarks" on page 4, and the name and address of the person who signed the applicant's name should be stated there. The applicant's signature (or mark) should in all cases be witnessed by two persons who can write. Their addresses should be shown in full.

(DO NOT SIGN ON MORE THAN ONE LINE BELOW)

(a) I want my annuity to be reduced in such manner and in such amount that my wife (or husband) shall receive after my death the same annuity that I will receive during my lifetime.

(Signature) _____

(b) I want my annuity to be reduced in such manner and in such amount that my wife (or husband) shall receive after my death 75 percent of the annuity which I will receive during my lifetime.

(Signature) _____

(c) I want my annuity to be reduced in such manner and in such amount that my wife (or husband) shall receive after my death 50 percent of the annuity which I will receive during my lifetime.

(Signature) _____

(d) I want a full annuity paid to me during my lifetime. I understand that my wife (or husband) will not receive any annuity after my death.

(Signature) _____

Witness: (Signature) _____

(Address) _____

Witness: (Signature) _____

(Address) _____

1. Name Oakley Vincent 2. Sex Male 3. Race White
(Print) (First) (Middle) (Last) (Male or female) (State)

Address: Galera Shelby Alabama
(Street and number) (Town or city) (County) (State)

4. Place of birth Talladega Alabama 5. Date of birth Feb 16th 1872
(Print) (Town or city) (County) (State) (Month) (Day) (Year)

6. Is this the first application (on approved form) you have made to the Railroad Retirement Board for an annuity? yes If not, give date(s) of previous application(s) xx, 19____

7. (a) Were you in the active service of an employer* on August 29, 1935? yes
(Yes or no)

(b) If not, were you on furlough, leave of absence, or absent on account of sickness or disability on that date? xx; if answer is "yes", state which xx
(Yes or no)

8. Name of employer* for which you are now working or for which you last worked. (Write out in full—do not use initials) Louisville & Nashville R. R. Co.

9. Have you been retired by an employer* on account of disability? No.
(Yes or no)

If so, give date of retirement xx, 19____
(Month) (Day)

* The term "employer" means an employer as defined in section 1 of the Act of June 24, 1937 (see definition on page 4 hereof), and includes express companies, sleeping-car companies, and carriers by railroad subject to part I of the Interstate Commerce Act, also labor organizations national in scope, organized in accordance with the provisions of the Railway Labor Act, as amended, and other companies.

10. State whether now married, single, widowed, or divorced Married. If married, give maiden name and birth date of wife (or name of husband).

Name Penoma Seay Vincent Birth date Sept 18th 1888
(Month) (Day) (Year)

11. State the total number of years and calendar months during which compensation was earned from any employer.* (A calendar month in which any compensation was earned counts as 1 month, and 12 such months constitute 1 year.) If you have received wages to compensate you for time lost, explain fully under "Remarks" on page 4.

Years 17 Months 1

12. Show below periods of one or more full calendar months in which you did not receive compensation from an employer,* if not indicated in item 14.

FROM			TO			FROM			TO		
Month	Day	Year	Month	Day	Year	Month	Day	Year	Month	Day	Year
<u>Dont know.</u>											

13. Fill in columns (1) and (2) year by year, if possible. If not possible, fill in column (3) year by year instead. If you find it impossible to fill in either (1) and (2) or (3) year by year, give estimates for the entire period 1924-31 under columns (1) and (2). In column (4) enter for each year the occupation of longest work duration.

YEAR	YEARLY EARNINGS (1)	NUMBER OF MONTHS OF WORK (2)	AVERAGE MONTHLY EARNINGS (3)	OCCUPATION (4)
1924	1750.00 2100.00	12	175.00	Car Repairer.
1925	2100.00	12	175.00	" "
1926	2100.00	12	175.00	" "
1927	2100.00	12	175.00	" "
1928	2100.00	12	175.00	" "
1929	2100.00	12	175.00	" "
1930	2100.00	12	175.00	" "
1931	1560.00	12	130.00	" "
Total period 1924-31	16,260.00	96		

* See note at bottom of page (1).

14. Dates of employer* service: Show your first service in space (a) and subsequent services in following spaces in date order. If not enough spaces are provided, use a separate sheet and attach it securely to the application blank. Use separate space for each employer* for which you worked and for each occupation in which you were employed, if the change in occupation involved a change from one pay roll to another. (Read item No. 14 of the accompanying instructions before completing the following) :

(a) 1. Name of railroad or other employer* Southern Ry Co.
 2. Began service Nov 1898 3. Ended service Feb 1899
(Month) (Day) (Year) (Month) (Day) (Year)
 4. Occupation on date stated in "3" Flagman 5. Department Trans.
 6. Division Selma, Division 7. Location Selma, Ala.
 8. Cause of termination Resigned.
 9. Exact name on pay roll D. O. Vincent.

(b) 1. Name of railroad or other employer* Southern Ry Co.
 2. Began service Nov 1900 3. Ended service Feb 1902
(Month) (Day) (Year) (Month) (Day) (Year)
 4. Occupation on date stated in "3" Flagman 5. Department Trans.
 6. Division Selma Division 7. Location _____
 8. Cause of termination Resigned.
 9. Exact name on pay roll D. O. Vincent.

(c) 1. Name of railroad or other employer* Louisville & Nashville R. R. Co.
 2. Began service Aug 1922 3. Ended service Dec 9th 1937
(Month) (Day) (Year) (Month) (Day) (Year)
 4. Occupation on date stated in "3" Car Repairer 5. Department Mechanical.
 6. Division Birmingham 7. Location Boyles, Ala.
 8. Cause of termination Resigned.
 9. Exact name on pay roll Oakley Vincent.

(d) 1. Name of railroad or other employer* _____
 2. Began service _____ 3. Ended service _____
(Month) (Day) (Year) (Month) (Day) (Year)
 4. Occupation on date stated in "3" _____ 5. Department _____
 6. Division _____ 7. Location _____
 8. Cause of termination _____
 9. Exact name on pay roll _____

(e) 1. Name of railroad or other employer* _____
 2. Began service _____ 3. Ended service _____
(Month) (Day) (Year) (Month) (Day) (Year)
 4. Occupation on date stated in "3" _____ 5. Department _____
 6. Division _____ 7. Location _____
 8. Cause of termination _____
 9. Exact name on pay roll _____

(f) 1. Name of railroad or other employer* _____
 2. Began service _____ 3. Ended service _____
(Month) (Day) (Year) (Month) (Day) (Year)
 4. Occupation on date stated in "3" _____ 5. Department _____
 6. Division _____ 7. Location _____
 8. Cause of termination _____
 9. Exact name on pay roll _____

* See note at bottom of page (1).

- (g) 1. Name of railroad or other employer* _____
2. Began service _____ 3. Ended service _____
(Month) (Day) (Year) (Month) (Day) (Year)
4. Occupation on date stated in "3" _____ 5. Department _____
6. Division _____ 7. Location _____
8. Cause of termination _____
- 9. Exact name on pay roll _____
15. If you are now in the service of an employer* give the date on which you intend to cease compensated service XXXXX and the date on which you intend to relinquish such rights as you have with your present employer* and any rights that you may have with other employer(s)* listed in Item 14 XXX
(Month) (Day) (Year) (Month) (Day) (Year)
16. If you are not now in the service of an employer* (a) give the date when you last worked for an employer* for compensation Dec 9th 1937
(Month) (Day) (Year)
- (b) Give the date when you relinquished the last of any rights you held with any employer listed in Item 14, or if you still have any such rights give the date on which you will relinquish all such rights Feb 1st 1938
(Month) (Day) (Year)
17. (a) Have you worked for any other person, institution, or company since you last worked for an employer?* No.
(Yes or no)
- (b) If you have, give the name and address of the last such person, institution, or company who is not an employer* XXX
- (c) Give the date when you last actually worked for such person, institution, or company XXX
(Month)
XXX; or, if you are still working, when you intend to cease work _____
(Day) (Year) (Month)
- (d) Give the date when you relinquished rights to return to the service of such person, institution, or company XXXX; or, if you still have such rights, when you intend to relinquish them XXXXXX
(Month) (Day) (Year) (Month) (Day) (Year)

Should you accept compensated employment with the person mentioned in Item 17, or with any employer as defined in the act, you must promptly notify the Railroad Retirement Board.

REMARKS: _____

(Use a separate sheet if necessary)

* See note at bottom of page (1).

United States of America

Railroad Retirement Board

Certificate of Annuity

This is to certify that

Oakley Vincent

having retired from Employer Service and otherwise qualified, is entitled to receive an annuity as provided by and subject to the conditions of the Railroad Retirement Act.



Dated this 9th day of
July, 1938

By order of the
Railroad Retirement Board

Charles L. Hodge
Secretary.

Murray Latimer
Chairman.