OMB Control No. 2900-0321 Respondent Burden: 5 Minutes Expiration Date: 7/31/2026

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							O CI			

VA DATE STAMP (DO NOT WRITE IN THIS SPACE)

APPOINTMENT OF INDIVIDUAL AS CLAIMANT'S REPRESENTATIVE

INSTRUCTIONS: Before completing the form, read the Privacy Act and Respondent Burden on Page 3. The VA Office of General Counsel maintains a list of all attorneys, claims agents, and Veterans Service Organization (VSO) representatives accredited by VA to assist in preparing, presenting, and prosecuting claims for VA benefits at: https://www.va.gov/ogc/apps/accreditation/index.asp. You can search this list by name, state, or zip code. We recommend you use the list to confirm and validate VA accreditation before signing any contract or appointing someone to represent you on your VA benefits claim. If you prefer to have a VSO assist you with your claim instead of an individual, complete, VA Form 21-22, Appointment of Veterans Service Organization as Claimant's Representative. For more information, you can contact us through Ask VA: https://ask.va.gov/, or call us toll-free at 800-827-1000 (TTY:711). VA forms are available at www.va.gov/vaforms. After completing the form, use the mailing addresses provided on Page 3.

Appointment or Veterans Service Organization as Claimant's Representative. For more information, you can contact us through Ask VA: https://ask.va.gov/ , or call us toll-free at 800-827-1000 (TTY:711). VA forms are available at www.va.gov/vaforms . After completing the form, use the mailing addresses provided on Page 3.						
	SECTION I: VETERA	AN'S IDENTIFICATION INFORM	ATION			
box, and completely fill in each applica	able check box to help expedit		sted in ink, neatly and legibly, insert one letter per			
VETERAN'S NAME (First, Middle Initial,	, Last)					
2. SOCIAL SECURITY NUMBER (SSN) — — —	3. VA FILI	E NUMBER (If applicable)	4. DATE OF BIRTH (MM/DD/YYYY) — — —			
5. SERVICE NUMBER (If applicable)	6. BRANCH OF SER\ ARMY SPACE FORCE	NAVY AIR FORCE	MARINE CORPS COAST GUARD			
MAILING ADDRESS (Number and stree No. & Street	et or rural route, city or P.O., State	and ZIP Code)				
Apt./Unit Number	City					
State/Province Country	ry ZIP Code/F	Postal Code	-			
8. TELEPHONE NUMBER (Include Area Co	ode)	9. E-MAIL ADDRESS (Optional)				
	-					
Enter International Phone Number (If applicable)						
SECTION II: CLAIMANT'S INFORMATION (If other than veteran)						
10. CLAIMANT'S NAME (First, Middle Initial	I, Last)					
11. CLAIMANT'S DATE OF BIRTH (MM/DI	D/YYYY)	12. RELATIONSHIP TO VETERAN				
13. CLAIMANT'S MAILING ADDRESS (Nur No. & Street	mber and street or rural route, city	y or P.O., State and ZIP Code)				
Apt./Unit Number	City					
State/Province Coun	ntry ZIP Code/P	ostal Code	_			
14. TELEPHONE NUMBER (Include Area (Code)	15. EMAIL ADDRESS (Optional)				
Enter International Phone Number (If applicable)						
SECTION III: APPOINTED REPRESENTATIVE'S INFORMATION						
16A. NAME OF INDIVIDUAL APPOINTED AS REPRESENTATIVE (First, Middle Initial, Last)						
16B. INDIVIDUAL IS (check appropriate box) ATTORNEY AGENT INDIVIDUAL PROVIDING REPRESENTATION UNDER SECTION 14.630 (*See required statement below. Signatures are required in Items 17A and 18A) SERVICE ORGANIZATION REPRESENTATIVE(Specify organization)						

16C. ADDRESS OF INDIVIDUA No. &	L APPOINTED AS	CLAIMANT'S REPRESE	NTATIVE (Number and street or rural route	e, P.O. Box, City,, State, ZIP code and Country)	
Street Apt./Unit Number		City			
·		City ZIP Code/P	actal Codo		
State/Province	Country				
16D. TELEPHONE NUMBER OF CLAIMANT'S REPRESENTATIVE			(Optional)	APPOINTED AS CLAIMANT'S REPRESENTATIVE	
_	_				
Enter International Phone Number (If applicable)	er				
(Skip to Item			REPRESENTATION UNDER SEC g Representation Under Section 14	TION 14.630 .630" was not checked in Item 16B)	
NOTE: An individual acting as rebeen granted by the Department	epresentative unde of Veterans Affairs	r 38 C.F.R. 14.630 may n ' (VA) General Counsel.	not represent more than one claimant on a s	single claim unless an exception to that limitation has	
The appointment of the individua particular claim pursuant to the p or paid for the individual named i	rovisions of 38 C.F	A (the representative) au .R. 14.630. By our signat	thorizes that person to represent the individures below, we, the representative and the	lual named in Item 1 or 10(if other than veteran) is for a claimant, attest that no compensation will be charged by	
17A. SIGNATURE OF VETERA under 14.630)	N NAMED IN ITEM	1 1 OR CLAIMANT IN ITE	EM 10 (Required only for representation	17B. DATE SIGNED (MM/DD/YYYY)	
18A. SIGNATURE OF REPRES	ENTATIVE NAME	D IN ITEM 16A (Require	d only for representation under 14.630)	18B. DATE SIGNED (MM/DD/YYYY)	
		SECTION IV	: AUTHORIZATION INFORMATION		
19. AUTHORIZATION FOR	DISCLOSURE T			ON	
If the individual in Item in accordance with 38	16A is an accred CFR 1.600 to 1	dited agent or attorney	who has been approved by VA for a	ccess to VA information technology (IT) systems er than as provided in Items 20 and 21) to the name of the firm/organization here:	
to the following individuto VA electronic IT syst	ials named as acems contemplate	Iministrative employee ed by 38 CFR 1.600 to	es of my representative. This applies to 1.603. Provide the names of the indi	2, TITLE 38 U.S.C. (Note: Unless I check the box	
below, I do not authorize VA to alcohol abuse infection with the				relating to treatment for drug abuse, alcoholism or	
named in Item 19 (if appr immunodeficiency virus (oved by VA for af HIV), or sickle cel oke this authoriza	filiated access) all treat I anemia. Redisclosure ation by filing a written re	ment records relating to drug abuse, alco of further written consent. This authoriz evocation with VA; or (2) I revoke the ap	Item 16A, and the firm/organization/individual(s) oholism or alcohol abuse, infection with the human ation will remain in effect until the earlier of the pointment of the individual named in Item 16A,	
21. LIMITATION OF CONSENT. My consent in Item 20 for the disclosure of records relating to treatment for drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia is limited as follows:					

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VETERAN'S SOCIAL SECURITY NO.					
22. AUTHORIZATION FOR REPRESENTATIVE TO ACT ON CLAIMANT'S BEHAUNIESS I check the box below, I do not authorize the individual named in Item 16A					
I authorize the individual named in Item 16A to act on my behalf to change my address in my VA records. This authorization does not extend to any other individual without my further written consent. This authorization will remain in effect until the earlier of the following events: (1) I revoke this authorization by filing a written revocation with VA; or (2) I revoke the appointment of the individual named in Item 16A, either by explicit revocation or the appointment of another representative.					
CONDITIONS OF A	PPOINTMENT				
I, the veteran named in Item 1 or the claimant named in Item 10, hereby appoint the individual named in Item 16A as my representative to prepare, present, and prosecute my claims for any and all benefits from VA based on the service of the veteran named in Item 1. If the individual named in Item 16A is an accredited agent or attorney, the scope of representation provided before VA may be limited by the agent or attorney as indicated below in Item 24. I authorize VA to disclose any and all of my records (other than as provided in Items 20 and 21) to that individual appointed as my representative and as indicated in Item 19.					
Signed and accepted subject to the foregoing conditions.					
23A. SIGNATURE OF VETERAN/CLAIMANT (Required)	23B. DATE SIGNED (MM/DD/YYYY) — — —				
24. LIMITATIONS ON REPRESENTATION - AGENTS OR ATTORNEYS ONLY ('Unless limited by an agent or attorney, this power of attorney revokes all				
previously existing powers of attorney)					
25A. SIGNATURE OF REPRESENTATIVE (Required)	25B. DATE SIGNED (MM/DD/YYYY)				
FEES: Section 5904, Title 38, United States Code, contains provisions regarding fees that may be charged, allowed, or paid for services of agents or attorneys in connection with a proceeding before the Department of Veterans Affairs with respect to benefits under laws administered by the Department.					
PENALTY : The law provides severe penalties which include fine or imprisonment material fact, knowing it to be false.	•				
Documents may be submitted by mail, in person at a VA regional office or electronically. However, VA recommends submitting correspondence electronically as this is the fastest method of receipt.					
VA provides several tools to assist in electronic submission. To learn more about how to submit documents and claims electronically, visit www.va.gov/disability/upload-supporting-evidence . You can also go directly to access.va.gov to digitally upload any correspondence using Direct Upload.					
By visiting <u>www.va.gov</u> you can also check your claims status and learn about other VA benefits.					
If you prefer to mail your correspondence, please use the related mailing address below.					
COMPENSATION CLAIMS	PENSION & SURVIVORS BENEFIT CLAIMS				
Department of Veterans Affairs	Department of Veterans Affairs				
Evidence Intake Center	Pension Intake Center				
PO Box 4444	PO Box 5365				
Janesville, WI 53547-4444	Janesville, WI 53547-5365				
FIDUCIARY BOARD OF VETERANS' APPEALS					
Department of Veterans Affairs	Department of Veterans Affairs				

PRIVACY ACT NOTICE: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records -VA, published in the Federal Register. Your obligation to respond is voluntary. However, failure to respond provide the requested information could impede the recognition of your representative and/or identification of disclosable records. Except for information protected by 38 U.S.C. 7332, your representative is not prohibited from redisclosing records. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

Board of Veterans' Appeals

PO Box 27063

Washington, DC 20038

Fiduciary Intake

PO Box 95211

Lakeland, FL 33804-5211

RESPONDENT BURDEN: We need this information to recognize the individuals appointed by claimants to act on their behalf in the preparation, presentation, and prosecution of claims for VA benefits (38 U.S.C. 5902, 5903, and 5904) and for those individuals to accept appointment. We will also use the information to verify consent for disclosure of VA records to the appointed representative (38 U.S.C. 5701(b) and 7332) Title 38, United States Code, allows us to ask for this information. We estimate that claimants and individuals appointed for purposes of representation will each need an average of 5 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. A Valid OMB control number can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

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