

HRC PHONE NUMBER - 1-888-276-9472 ( Call first to see if they have your packet )

DFAS PHONE NUMBER- 1-888-332-7411 ( Call after packet has been sent from HRC to see when you will receive your retirement check )

HUMANA ( TRICARE )

PATRICK GAFFNEY 315-316-7174

MARTINS POINT ( TRICARE PRIME )

KEITH PRAIRIE 518-588-4441

ID CARD 518-786-4406

FRANK J KEHN JR (SGM-RET)

RSO-RPAM

518-786-0436

## RETIRED PAY APPLICATION CHECKLIST

### Application Forms:

- Application for Retired Pay Benefits (DD Form 108)
  - o Complete blocks 1-8 and 18-19; Leave blocks 9-17 blank
  - o Sign and date (blocks 18-19)
  - o All signatures must be original, may be digitally signed
- Data for Payment of Retired Personnel (DD Form 2656)
  - o Witness cannot be a person named in sections V, IX, or X
  - o Spouse must concur if you elect (34c) child(ren) only coverage, (35a) does not elect full spouse coverage or (34g) declines coverage when married
  - o Block 37 Insurable Interest – You cannot choose Insurable Interest if married
  - o All signatures must be original, may be digitally signed
- (optional) Direct Deposit Sign-Up Form (SF 1199A)
  - o All signatures must be original

### Supporting Documents:

- Chronological Points Statement (AHRC 249E/DA 5016, NGB-23B)
  - o If points are missing from your Chronological Points Statement, include supporting documents for missing time
- 20 YR Letter or 15 YR Letter (Notification of Eligibility (NOE) for Retired Pay at age 60)
- Promotion or Reduction Order (for Soldiers applying at higher rank held)
- Separation Order (Transfer order to Retired Reserve)
- Reserve Component Survivor Benefit Plan Election (DD Form 2656-5 or DD Form 1883) (completed at the time of your 20 YR Letter/15 YR Letter/NOE)
- If applicable, DD Form 2656-6 (RCSBP Election Change Certificate)
  - o Supporting documents for change (i.e. marriage, death, birth certificates, divorce decree as applicable)
- If applicable, Age 60 Extension Waiver

If applicable, Reduced Age/90 Day Drop (qualifying reserve on active duty on or after 29 Jan 08):

- Write "Reduced Age/90 Day Drop" at the top of DD Form 108 and 2656
- Reserve on active duty orders for qualifying periods
- DD 214s for qualifying periods

Submit application by using one of the methods below:

Mail: DEPARTMENT OF THE ARMY  
US ARMY HUMAN RESOURCES COMMAND  
ATTN: AHRC PDP TR  
1600 SPEARHEAD DIVISION AVENUE DEPT 482  
FORT KNOX, KY 40122

USARMYKNOXHRCMBX TAGD-ASK-HRC@ARMYMIL  
(file must be less than 3 megs)  
Fax: 502-613-4524

**(PLEASE RETAIN A COPY OF YOUR APPLICATION FOR YOUR RECORDS)**

**APPLICATION FOR RETIRED PAY BENEFITS**

*See back for Instructions and Privacy Act Statement.*

1. TO DA-HRC ATTN: AHRC PDP TR 1600 Spearhead Div Ave Dept 482 Ft Knox , KY 40122	2. DATE OF BIRTH (YYYYMMDD)	3. DATE RETIRED PAY TO BEGIN (YYYYMMDD)
5. APPLICANT NAME (Last, First, Middle Initial)		4. HIGHEST MILITARY PAYGRADE HELD
7a. PRESENT HOME ADDRESS (Street, Apt No., City, State, ZIP Code)		6a. SERVICE NUMBER (If applicable)
b. HOME TELEPHONE NUMBER (       )		b. SOCIAL SECURITY NUMBER
8. PRESENT ASSIGNMENT		

**SERVICE BEFORE 1 JULY 1949**

9. ARMED FORCE AND COMPONENT	10. GRADE OR RATING	11. APPROXIMATE DATES OF SERVICE						12. ACTIVE DUTY					
		a. FROM			b. TO			a. FROM			b. TO		
		DAY	MONTH	YEAR	DAY	MONTH	YEAR	DAY	MONTH	YEAR	DAY	MONTH	YEAR

**SERVICE AFTER 30 JUNE 1949**

13. RETIREMENT YEAR						14. ARMED FORCE AND COMPONENT	15. GRADE OR RATING	16. ACTIVE DUTY						17. RETIREMENT POINTS EARNED	
a. FROM			b. TO					a. FROM			b. TO				
DAY	MONTH	YEAR	DAY	MONTH	YEAR			DAY	MONTH	YEAR	DAY	MONTH	YEAR		
						See Atch 23									

18. SIGNATURE	19. DATE SIGNED (YYYYMMDD)
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## IMPORTANT INFORMATION CONCERNING YOUR RETIRED PAY APPLICATION

Congratulations! The day you have worked for has finally arrived!  
To ensure that your application is received and certified without problem,  
read and comply with all of the enclosed instruction sheets BEFORE completing the forms.

The enclosed retired pay application forms MUST BE COMPLETED, SIGNED, DATED, WITNESSED, AND RETURNED TO THIS COMMAND. The data must be entered into our computer system at least 9 months prior to your 60th birthday. Failure to submit in a timely manner may result in a delay to the start of your retired pay. Minimum documents REQUIRED to start the process are:

- Completed DD Form 108 (Application for Retired Pay Benefits), enclosed
- Completed DD Form 2656 (Data for Payment of Retired Personnel), enclosed
- Completed SF 1199A (Direct Deposit Sign-Up Form), [Must obtain from your financial institution]

If you have had any changes in your life (death, divorce, remarriage, adoptions, births) you must provide copies of the appropriate documents as part of your retirement application. If your social security number does not match that found with your statement(s) of service you must attach a photocopy of your social security card.

If the retirement packet sent to you contained an AHRC Form 249-2-E (Chronological Statement of Retirement Points) AND YOU FEEL THAT IT IS CORRECT, ATTACH A COPY to your application. You do not have to complete blocks 9 through 17 of the DD Form 108. IF YOU FEEL IT IS INCORRECT, attach COPIES of Leave and Earning Statements (LES) which prove the additional points earned. IF the packet sent to you DOES NOT include a RETIREMENT POINT STATEMENT and you were a member of the NATIONAL GUARD, attach a copy of the last NGB FORM 23B to your application. If you do not have the form, CONTACT the state headquarters or your last Guard unit for a copy.

\*\*\*\* DO NOT HOLD OR DELAY YOUR APPLICATION WHILE WAITING FOR CORRECTION OF RETIREMENT POINTS. THEY WILL BE CORRECTED AS PART OF THE APPLICATION OR AFTER YOU HAVE STARTED RECEIVING RETIRED PAY. Should you die after 60 and HAVE NOT submitted your retirement application, your Survivor Benefit Plan (SBP) will have been voided, and your spouse WILL NOT BE ENTITLED TO SBP BENEFITS.

It is critical to the retired pay process that all blocks on the enclosed DD Form 108 and DD Form 2656 are completed WHERE APPLICABLE. All signature blocks must be signed and dated, to include those of your spouse and witnesses. Proper completion and submission 9 months prior to your 60<sup>th</sup> birthdate will ensure timely disbursement of your retired pay.

If you have been RETAINED BEYOND AGE 60 a copy of the orders must be included with your application. Those soldiers extended beyond age 60 should submit for retired pay at least 6 months prior to the expiration of their extension/mobilization period. Along with the application you must include a copy of the extension order and memorandum of extension authorization from your MACOM or higher authority. For those Soldiers mobilized past age 60, a copy of the mobilization orders must be attached. If you were given an administrative grade reduction, please provide a copy of the reduction order and a copy of the order promoting you to a higher grade.

VETERANS GROUP LIFE INSURANCE (VGLI) is available to Retired soldiers who previously held Servicemen's Group Life Insurance (SGLI). Those soldiers interested in converting their SGLI to VGLI should write to: SGLI, 213 Washington Street, Newark, New Jersey 07102-2904.

Questions pertaining to the completion of the enclosed forms may be directed to the Communications HUB Office (CHO) of this Command by dialing 1-800-318-5298. YOU WILL NOT RECEIVE NOTICE OF RECEIPT OF YOUR APPLICATION. If you desire a receipt, it is recommended that you enclose with your application a self-addressed and stamped return post card. Upon receipt of your application the post card will be dated stamped and returned to you. DO NOT RETURN THE COMPLETED APPLICATION BY CERTIFIED OR REGISTERED MAIL AS THAT TYPE OF POSTAGE IS DELIVERED TO A DIFFERENT MAIL ROOM.

ALL FORMS AND INFORMATION MAY BE OBTAINED FROM OUR WEBSITE:

<https://www.hrc.army.mil/site/reserve/>

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 1331; EO 9397, November 1943 (SSN).

PRINCIPAL PURPOSE(S): Used by members and former members of the Reserve Components to apply for retired pay at age 60. Application is reviewed to determine eligibility.

ROUTINE USE(S): Information provided by the member is used to:

- a. Identify the individual and his/her service record.
- b. Determine eligibility for retired pay under 10 U.S.C. 1331.
- c. Determine effective date that retired pay can and will commence.

DISCLOSURE: Voluntary; however, unless this form is completed, the individual will not receive retired pay.

INSTRUCTIONS

GENERAL. This form is to be submitted in one copy (duplicate for Naval personnel). Entries must be typewritten or hand printed. Brief instructions for making entries are provided below in numerical order. Submission of official statements of service is not required. If all information required is not readily available, prepare form to the best of your ability.

NOTE: Primary purpose of Items 9 through 17 is to enable reviewing authority to verify service which may not be of record.

ITEM 1. Addresses of Headquarters of Armed Forces for purpose of forwarding application for retired pay are listed below. Application will be addressed to the Armed Force in which you are presently (or were last) a member.

ARMY: Commander  
United States Army Reserve Personnel Center  
9700 Page Boulevard, St. Louis, MO 63132-5200

NAVY: Commanding Officer  
Naval Reserve Personnel Center (Code N221)  
4400 Dauphine St.  
New Orleans, LA 70149-7800

AIR FORCE: United States Air Force Military Personnel Center (AFPMPC)  
Building 499C  
Randolph Air Force Base, TX 78148-9997

MARINE CORPS: Commandant  
United States Marine Corps  
(Code MMSR-5)  
Washington, DC 20380-0001

COAST GUARD: Commandant  
United States Coast Guard (SP-4)  
Washington, DC 20593-0001

ITEM 2. Enter correct date of birth (proof of date of birth may be required before final action is taken on application.)

ITEM 3. Enter date you desire retired pay to begin (cannot be before age 60).

ITEM 4. Enter highest grade or rating held in Armed Forces.

ITEM 5. Enter your name in the order indicated.

ITEM 6a. Enter service (serial) number. If you have been a member of more than one Armed Force, enter the service number of each, i.e. "2 532 430 ARMY" and "603-1-91 NAVY."

ITEM 6b. Enter your Social Security Number.

ITEM 7. Enter your present home address and telephone number.

ITEM 8. Enter the complete designation of your present organization. If you are presently a member of a National Guard organization, give name of state. If not a member of a reserve organization, enter "none."

NOTE: Primary purpose of Items 9 through 17 is to enable reviewing authority to verify service which may not be of record.

ITEM 9. Enter the Armed Force and component for periods of service covered in Item 11. Example: "Army, USAR", "Navy, USNR." All enlisted service will include organization to which you were assigned. For National Guard service, include name of state.

ITEM 10. Enter the highest grade or rating held during each period of service shown in Item 11.

ITEM 11. Enter approximate dates of each individual period of service. Example: 2 May 1938 to 1 May 1939; 20 Oct 1942 to 15 Nov 1946.

ITEM 12. Enter inclusive dates of all periods of active duty performed during each individual period of service indicated in Item 11.

ITEM 13. Enter inclusive dates of each individual year of service performed after 30 June 1949. Example: If you were a member of a reserve component on 1 July 1949, your retirement year will be from 1 July 1949 to 30 June 1950, your second year will be 1 July 1950 to 30 June 1951, etc. If you were not a reservist on 1 July 1949 or have had a break in service since that time, your retirement year will begin on the date of acquiring an active status in a reserve component and end one year later. Example: 15 Sep 1956 to 14 Sep 1957.

ITEM 14. Enter the Armed Force and component in which you served during each year as shown in Item 13. All enlisted service will also include the organization to which you were assigned during the year specified, and, in the case of National Guard service, name of state.

ITEM 15. Enter highest grade or rating held during each year of service shown in Item 13.

ITEM 16. Enter inclusive dates of all periods of active duty, including active duty for training, performed during the year or years indicated in Item 13.

ITEM 17. Enter the total retirement points earned for each period shown in Item 13. This total to include points earned through drills, correspondence courses, active duty, membership, etc.

ITEM 18. Place your signature in this space. Signature appearing therein must coincide with the name shown in Item 4.

ITEM 19. Insert date application is prepared.

## DATA FOR PAYMENT OF RETIRED PERSONNEL

OMB No. 0704-0569  
OMB approval expires:  
20230731

The public reporting burden for this collection of information, 0704-0569, is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

## PRIVACY ACT STATEMENT

**AUTHORITY:** 10 United States Code (U.S.C.) Chapter 71, Computation of Retired Pay; 10 U.S.C. 73, Annuities Based On Retired Or Retainer Pay; DoD Instruction 1332.42, Survivor Benefit Plan; and DoD Financial Management Regulation, 7000.14-R, Volume 7B.

**PRINCIPAL PURPOSE(S):** To collect information needed to establish a retired/retainer pay account, including designation of beneficiaries for unpaid retired pay, state tax withholding election, information on dependents, and to establish a Survivor Benefit Plan election.

**ROUTINE USE(S):** To the Department of Veterans Affairs (DVA) regarding establishments, changes and discontinuing of DVA compensation to retirees and annuitants. To former spouses for purposes of providing information, consistent with the requirements of 10 U.S.C. 1450(f)(3), regarding Survivor Benefit Plan coverage. To spouses for purposes of providing information, consistent with the requirements of 10 U.S.C. 1448(a), regarding Survivor Benefit Plan coverage. Additional routine uses are available in the applicable system of records notice T7347b, Defense Military Retiree and Annuity Pay System Records, available at: <http://dpclid.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/570196/7347b/>

**DISCLOSURE:** Voluntary; however, failure to provide requested information will result in delays in initiating retired/retainer pay.

## WARNING

*Read the instructions at the end of this form in their entirety prior to completing.*

## PART I - RETIRED PAY INFORMATION

## SECTION I - PAY IDENTIFICATION

1. NAME (Last, First, Middle Initial)	2. SSN	3. DATE OF BIRTH (YYYYMMDD)	4. RETIREMENT / TRANSFER DATE (YYYYMMDD)
5. PAY GRADE	6. BRANCH OF SERVICE <input type="checkbox"/> a. ARMY <input type="checkbox"/> b. MARINE CORPS <input type="checkbox"/> c. NAVY <input type="checkbox"/> d. COAST GUARD <input type="checkbox"/> e. AIR FORCE <input type="checkbox"/> f. SPACE FORCE <input type="checkbox"/> g. NOAA <input type="checkbox"/> h. USPHS		

7. MEMBER OR FORMER MEMBER OF THE <input type="checkbox"/> a. REGULAR COMPONENT <input type="checkbox"/> b. RESERVE COMPONENT <i>(all members of the Reserves and National Guard including Active Guard/Reserve and Full-Time Support)</i> <input type="checkbox"/> (1) REGULAR RETIREMENT <input type="checkbox"/> (2) NON-REGULAR RETIREMENT	8. PARTICIPANT IN THE FOLLOWING RETIREMENT PLAN (See instructions, check only one) <input type="checkbox"/> a. FINAL PAY (only those members who first joined the service prior to September 8, 1980) <input type="checkbox"/> b. HIGH-3 (also known as the "High 36") <input type="checkbox"/> c. CSB/REDUX (only members who elected the Career Status Bonus upon completion of 15 years of service) <input type="checkbox"/> d. BLENDED RETIREMENT SYSTEM (BRS) <input type="checkbox"/> e. DISABILITY
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9. ADDRESS (Ensure DFAS - Cleveland Center, or the Coast Guard PPC for non-DOD members, is advised whenever your correspondence address changes)

a. STREET (Include apartment number)	b. CITY	c. STATE	d. ZIP CODE	e. COUNTRY
f. APO/FPO	g. TELEPHONE (Incl. area code)	h. EMAIL ADDRESS	i. PREFERRED CONTACT METHOD (check one) <input type="checkbox"/> TELEPHONE <input type="checkbox"/> EMAIL	

## SECTION II - DIRECT DEPOSIT / ELECTRONIC FUND TRANSFER (DD/EFT) INFORMATION: (See Instructions)

ACTIVE DUTY ONLY (check here if you want to continue using financial information currently on file, otherwise fill out Items 10 through 13)

10. ACCOUNT TYPE (Check one) <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	11. ROUTING NUMBER (See Instructions)	12. ACCOUNT NUMBER (See Instructions)
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## 13. FINANCIAL INSTITUTION

a. NAME	b. STREET (Include apartment number)	c. CITY	d. STATE	e. ZIP CODE
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## SECTION III - SEPARATION PAYMENT INFORMATION

14. a. PAYMENT TYPE RECEIVED (Check one) <input type="checkbox"/> NONE <input type="checkbox"/> DISABILITY SEVERANCE PAY (DSP) <input type="checkbox"/> INVOLUNTARY / VOLUNTARY SEPARATION PAY (SP) <input type="checkbox"/> VOLUNTARY SEPARATION INCENTIVE (VSI) <input type="checkbox"/> SPECIAL SEPARATION BONUS (SSB) <input type="checkbox"/> OTHER	b. GROSS AMOUNT
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NOTE: If any payment type was selected, attach a COPY OF THE ORDERS which authorized the payment and a COPY OF THE DD FORM 214.

List Of Attachments

MEMBER NAME (Last, First, Middle Initial)			SSN	
<b>SECTION IV - DEPARTMENT OF VETERANS AFFAIRS (VA) DISABILITY COMPENSATION INFORMATION</b>				
<b>15. VA DISABILITY COMPENSATION</b>				
<b>a. IN THE EVENT I AM AWARDED DISABILITY COMPENSATION BY THE VA, I WILL NOTIFY DFAS (OR THE COAST GUARD PPC FOR NON-DOD MEMBERS) OF THE AMOUNT OF ANY AWARD, AS IT MAY IMPACT MY RETIRED PAY BENEFIT.</b> <input type="checkbox"/> Agree	<b>b. HAVE YOU APPLIED FOR OR ARE YOU RECEIVING VA COMPENSATION FOR A DISABILITY?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>c. EFFECTIVE DATE OF PAYMENT (YYYYMMDD)</b>	<b>d. MONTHLY AMOUNT OF PAYMENT</b>	
<b>SECTION V - DESIGNATION OF BENEFICIARIES FOR UNPAID RETIRED PAY (See Instructions)</b>				
<input type="checkbox"/> Check this box if you want to designate your spouse as 100% beneficiary of any unpaid retired pay upon death <u>OR</u> complete Item 16.				
<b>16. BENEFICIARY OR BENEFICIARIES INFORMATION</b>				
Complete this section if you want to designate a beneficiary or beneficiaries to receive any unpaid retired pay you are due at death. If you do not complete this section <u>OR</u> check the box above, your unpaid retired pay will be distributed to beneficiaries in accordance with 10 U.S.C. §2771.				
<b>a. NAME (Last, First, Middle Initial)</b>	<b>b. SSN</b>	<b>c. ADDRESS (Street, City, State, ZIP Code)</b>	<b>d. RELATIONSHIP</b>	<b>e. SHARE</b>
1)				%
2)				%
3)				%
4)				%
5)				%
6)				%
<b>SECTION VI - FEDERAL INCOME TAX WITHHOLDING INFORMATION (Submit information in Items 17 - 21 in lieu of IRS Form W-4 for tax purposes.)</b>				
Please refer to the following IRS hyperlink for withholding questions: <a href="https://www.irs.gov/forms-instructions">https://www.irs.gov/forms-instructions</a>				
<b>17. MARITAL STATUS (Check one)</b>  <input type="checkbox"/> SINGLE OR MARRIED FILING SEPARATELY <input type="checkbox"/> MARRIED FILING JOINTLY (Or qualifying widow/er) <input type="checkbox"/> MARRIED, BUT WITHHOLDING AT THE HIGHER SINGLE RATE <input type="checkbox"/> HEAD OF HOUSEHOLD <i>(Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual)</i>			<b>18. MULTIPLE JOBS OR SPOUSE WORKS (Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs)</b>  Do only one of the following: (a) Use the estimator at <a href="https://www.irs.gov/individuals/tax-withholding-estimator">https://www.irs.gov/individuals/tax-withholding-estimator</a> for most accurate withholding, or (b) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld. <input type="checkbox"/>	
<b>19. ARE YOU A UNITED STATES CITIZEN?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (See instructions)				
<b>20. CLAIM DEPENDENTS</b>  If your income will be \$200,000 or less (\$400,000 or less if married filing jointly) _____ Number of qualifying children under age 17 <i>(Multiply the number of qualifying children under age 17 by \$2,000)</i> _____ Number of other dependents <i>(Multiply the number of other dependents by \$500)</i> _____ <b>Add the amounts above and enter the total here:</b> _____			<b>21. OTHER INCOME (Not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income: _____  <b>22. DEDUCTIONS</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, review the Deductions Worksheet on page 3 of the IRS Form W-4 and enter the result here: <i>(Estimate your deductions this year OR provide previous year's total deductions)</i> _____	
<b>23. EXTRA WITHHOLDINGS.</b> Enter any additional tax you want withheld each month: _____				
<b>SECTION VII - VOLUNTARY STATE TAX WITHHOLDING INFORMATION (Complete only if monthly withholding is desired.)</b>				
<b>24. STATE DESIGNATED TO RECEIVE TAX</b>	<b>25. MONTHLY AMOUNT</b> <i>(Whole dollar amount not less than \$10.00)</i>	<b>26. RESIDENCE ADDRESS (If different from address listed in Item 9)</b>		
		<b>a. STREET (Include apartment number)</b>	<b>b. CITY</b>	<b>c. STATE</b>
				<b>d. ZIP CODE</b>

MEMBER NAME (Last, First, Middle Initial)	SSN
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**DO NOT COMPLETE PART II,  
If you ARE NOT covered by the Blended Retirement System OR DO NOT want to elect a lump sum of retired pay**

### PART II - LUMP SUM ELECTION

This election must be made **NO LATER THAN 90 days** prior to the date in Part I, Section I, Item 4, in accordance with 10 U.S.C. §1415. For example, if the date in Item 4 is June 1, 2018, the date in Item 30.b. must be on or before March 3, 2018.

#### SECTION VIII - BRS LUMP SUM ELECTION

*Members who participate in the BRS retirement plan may upon retirement (regular retirement or age of eligibility to receive retired pay for a non-regular retirement) elect to receive a portion of their retired pay as a lump sum. Lump sum considerations are discussed below. Retiring members should consult with a financial advisor before electing a lump sum of retired pay.*

#### 27. LUMP SUM PERCENTAGE

(Check one only, if electing to receive a LUMP SUM; if no choice is indicated you will default to receiving your full retired pay on a monthly basis)

- a. I elect to receive a **25 PERCENT** lump sum that is a discounted portion of my retired pay for the period from when I am eligible to begin receiving retired pay until I reach full social security retirement age.
- b. I elect to receive a **50 PERCENT** lump sum that is a discounted portion of my retired pay for the period from when I am eligible to begin receiving retired pay until I reach full social security retirement age.

#### 28. LUMP SUM PAYMENTS

(Check one only. Complete Item 28 only, if electing a LUMP SUM in Item 27)

**I ELECT TO RECEIVE THE LUMP SUM IN**

- a. **ONE INSTALLMENT**
- b. **TWO EQUAL ANNUAL INSTALLMENTS**
- c. **THREE EQUAL ANNUAL INSTALLMENTS**
- d. **FOUR EQUAL ANNUAL INSTALLMENTS**

#### 29. LUMP SUM CONSIDERATIONS (Read the following carefully before signing in Item 30.)

- You are only eligible to elect a lump sum if you are qualified for a Regular or Non-Regular retirement under the Blended Retirement System. If you are retiring with a disability retirement under 10 U.S.C., Chapter 61, you are not eligible to elect a lump sum.
- A lump sum election must be made **NO LATER THAN 90 days** prior to the date of your retirement (for Regular Retirement) or 90 days prior to the date you are eligible to begin receiving retired pay (for Non-Regular Retirement), as indicated in Part I, Section I, Item 4.
- You may elect to receive either a 25 percent or 50 percent discounted portion of your future estimated retired pay as a discounted lump sum in exchange for reduced monthly retired pay until you reach your full Social Security Retirement Age.
- As a result of electing a lump sum, your monthly retired pay will be reduced to either 75 or 50 percent of its normal amount depending on whether you elect to receive 25 or 50 percent. At full Social Security Retirement Age, your monthly retired pay will be restored in full.
- The discount rate used to calculate your lump sum is the rate published by the Department of Defense in June of the year prior to the year of your retirement or year you first become eligible for retired pay, based on the date in Part I, Section I, Item 4.
- A lump sum payment is earned income for purposes of Federal Income Tax – receipt of it may have significant tax implications.
- The amount of the lump sum is based on your calculated military retired pay, the discount rate in effect for the year in which you retire or become eligible to begin receiving retired pay, and the remaining amount of time until you reach full Social Security Retirement Age. Once distributed, you do not have the ability to seek review of or challenge the amount of the lump sum with regard to any assumptions or factors used to compute the amount of the lump sum.
- Survivor Benefit Plan premiums (Part III) will still be deducted from your remaining monthly retired pay should you elect the lump sum. The premiums and your beneficiary's coverage will be based on the unreduced amount of your monthly retired pay, as if you had not elected a lump sum, unless you indicate otherwise in Item 37 of Part III.
- If you expect to receive a disability rating from the Department of Veterans Affairs, depending upon your rating, your ability to receive disability compensation could be affected by the lump sum.
- It is important to understand that a lifetime of full monthly payments will most likely be worth more than the lump sum with reduced monthly retired pay. It is highly recommended that you consult with a financial counselor before electing a lump sum of retired pay.

**COMPARE YOUR ESTIMATED RETIREMENT BENEFITS WITH OR WITHOUT THE LUMP SUM:**

<http://militarypay.defense.gov/Calculators/>

#### 30. LUMP SUM ACKNOWLEDGEMENT

By signing below, I am indicating I am aware that I am electing to receive a discounted portion of my retired pay as a lump sum, and that this lump sum will likely be less than I would have received if I had not elected to receive it. I am aware there are resources available to assist me in making this decision, to include training available on [JKO](#) and the availability of financial counselors that can be located via <https://installations.militaryonesource.mil/> to discuss my personal situation. Additionally, I have reviewed a comparison of my retirement benefits with and without a lump sum. I am aware that once accepted, I may not seek review of, or otherwise challenge the amount of the lump sum, particularly in regard to deviations from future cost of living adjustments, actuarial assumptions, or other factors used in computing this amount.

a. **MEMBER SIGNATURE** (Sign only if electing a lump sum in Item 28)

b. **DATE SIGNED** (YYYYMMDD)



MEMBER NAME (Last, First, Middle Initial)	SSN
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## PART III - SURVIVOR BENEFIT PLAN

## SECTION IX - DEPENDENCY INFORMATION (This section must be completed regardless of SBP Election.)

## 31. SPOUSE (If no spouse enter N/A)

a. NAME (Last, First, Middle Initial)

b. SSN

c. DATE OF BIRTH  
(YYYYMMDD)

32. DATE OF MARRIAGE (YYYYMMDD)

33. PLACE OF MARRIAGE (See Instructions)

## 34. DEPENDENT CHILDREN (If no dependent children enter N/A)

Indicate which child or children resulted from marriage to a former spouse by entering (FS) after relationship in column d.  
Add rows or continue on separate paper if necessary.

a. NAME (Last, First, Middle Initial)	b. SSN	c. DATE OF BIRTH (YYYYMMDD)	d. RELATIONSHIP (Son, daughter, stepson, etc.) Designate which children resulted from marriage to a former spouse, if any, by indicating (FS) after the relationship.	e. DISABLED? (If yes, substantiation of disabling condition and onset required. See Instructions).
1)				<input type="checkbox"/> Yes <input type="checkbox"/> No
2)				<input type="checkbox"/> Yes <input type="checkbox"/> No
3)				<input type="checkbox"/> Yes <input type="checkbox"/> No
4)				<input type="checkbox"/> Yes <input type="checkbox"/> No

## SECTION X - SURVIVOR BENEFIT PLAN (SBP) ELECTION (You should consult a Survivor Benefit Plan counselor before making an election.)

If you make no election, maximum coverage will be established for your spouse and/or eligible dependent children

## 35. RESERVE COMPONENT ONLY (This section refers to the decision you previously made on the DD Form 2656-5 or the old form, the DD Form 1883 when you were notified of eligibility to retire, in most cases you do not have the right to make a new election on this form)

Reserve/National Guard members who achieve 20 qualifying years of service make the election to participate in the Reserve Component (RC) SBP on DD Form 2656-5 within 90 days of being notified of eligibility for a non-regular retirement not when applying for retired pay, unless that member previously elected to defer coverage. You must indicate your previous election in Item 35.a. through 35.c. before proceeding to Item 36. If you previously elected Option B or Option C, DO NOT enter an election in Item 36. (Check only one in Item 35.a. through 35.c.) For Active Guard/Reserve and Full-Time Support with a regular retirement, DO NOT enter an election.

a. OPTION A - Previously declined to make an election until eligible to receive retired pay (Proceed to Item 36 to make election)

b. OPTION B - Previously elected coverage to begin at age 60 (Do not make an election in Item 36, 37, or 39, you have already elected coverage.)

c. OPTION C - Previously elected or defaulted to immediate RC-SBP Coverage (Do not make an election in Item 36, 37, or 39, you have already elected coverage.)

NOTE: If you were married and/or had eligible children at the time you were notified of eligibility for non-regular retirement (on or after January 1, 2001) and did not complete DD Form 2656-5, you defaulted to full coverage under OPTION C - do not make an election in Item 36.

Marital status has changed since your initial election to participate in RC-SBP.

Yes  No If Yes, Attach Page with Explanation

## 36. SBP BENEFICIARY CATEGORIES (Check one only. See Instructions and Section X.)

a. I ELECT COVERAGE FOR SPOUSE ONLY I have Dependent Child(ren)  Yes  No

b. I ELECT COVERAGE FOR SPOUSE AND CHILD(REN)

c. I ELECT COVERAGE FOR CHILD(REN) ONLY (Spouse concurrence required in Part V if 'Yes' is selected) I have a Spouse  Yes  No

d. I ELECT COVERAGE FOR THE PERSON NAMED IN ITEM 39 WHO HAS AN INSURABLE INTEREST IN ME (See Instructions)

e. I ELECT COVERAGE FOR MY FORMER SPOUSE INDICATED IN ITEM 40 (See Instructions)

Complete DD Form 2656-1, "Survivor Benefit Plan (SBP) Election Statement for Former Spouse Coverage." Attach/Include court orders or agreements impacting on SBP continuation after divorce.

f. I ELECT COVERAGE FOR MY FORMER SPOUSE INDICATED IN ITEM 40 AND DEPENDENT CHILD(REN) OF THAT MARRIAGE

(See instructions) Complete DD Form 2656-1, "Survivor Benefit Plan (SBP) Election Statement for Former Spouse Coverage." Attach/Include court orders or agreements impacting on SBP continuation after divorce.

g. I ELECT NOT TO PARTICIPATE IN SBP I have eligible dependents under the plan. (If currently married spousal concurrence is required.)  Yes  No



MEMBER NAME (Last, First, Middle Initial)

SSN

## PART IV – CERTIFICATION

## SECTION XI – CERTIFICATION

## 41. MEMBER (DATE SIGNED must be before the date of retirement listed in Part I, Section I, Item 4)

Under penalties of perjury, I certify that the number of claim dependents stated is accurate to my knowledge and does not exceed the number to which I am entitled, and that all statements on this form are made with full knowledge of the penalties for making false statements (18 U.S.C. §287 and §1001) of not more than a \$10,000 fine, or 5 years in prison, or both. Also, I understand that if I am married and I elected less than full SBP coverage for my spouse, with the exception of a former spouse or former spouse and child election, I will need my spouse's notarized concurrence signed no earlier than the date of my signature and prior to the date of my retirement; otherwise, by law, I will automatically be covered at the maximum spouse coverage.

a. NAME (Last, First, Middle Initial)

b. SIGNATURE

c. DATE SIGNED  
(YYYYMMDD)42. WITNESS (This cannot be a spouse or dependent child or any other beneficiary listed on this form or anyone under the age of majority)  
Witness date MUST match the member's date.

a. NAME (Last, First, Middle Initial)

b. SIGNATURE

c. DATE SIGNED  
(YYYYMMDD)

## d. RELATIONSHIP TO THE RETIRING MEMBER

e. ADDRESS

f. CITY/BASE OR POST

g. STATE

h. ZIP CODE

## PART V – SPOUSE SBP CONCURRENCE

Required ONLY when the member is married and elects either: (a) child only SBP coverage, (b) does not elect full spouse SBP coverage; or (c) declines SBP coverage. This is not required for any former spouse or former spouse and child elections. The date of the spouse's signature in Item 43.c. MUST NOT be before the date of the member's signature in Item 41.c., or on or after the date of retirement listed in Part I, Section I, Item 4. The spouse's signature MUST be notarized. Electronic signatures are allowed.

## SECTION XII – SBP SPOUSE CONCURRENCE

## 43. SPOUSE

I hereby concur with the Survivor Benefit Plan election made by my spouse. I have received information that explains the options available and the effects of those options. I know that retired pay stops on the day the retiree dies. I have signed this statement of my own free will.

a. NAME (Last, First, Middle Initial)

b. TELEPHONE (Incl. area code)

c. EMAIL ADDRESS

d. SIGNATURE

e. DATE SIGNED  
(YYYYMMDD)

## 44. NOTARY WITNESS (Please stamp using a notary seal)

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public, personally appeared (Name of Spouse in Item 43.a.) \_\_\_\_\_ provided to me through satisfactory evidence of identification, which were \_\_\_\_\_, to be the person whose name is signed in Item 43.a. of this document in my presence.

Signature of Notary \_\_\_\_\_

My Commission Expires \_\_\_\_\_

NOTARY SEAL

## INSTRUCTIONS

## GENERAL

1. Read these instructions and Privacy Act Statement carefully before completing the data form.
2. The Defense Finance and Accounting Service (DFAS) - Cleveland Center will establish your retired/retainer pay account based on the data provided on this form and your retirement/transfer orders. Your personnel office, disbursing/finance office, and SBP Counselor will assist you in the proper completion and submission of this form. You should maintain these instructions along with a copy of the form as a permanent record. Please complete the form electronically or by typing or printing in ink. The Coast Guard Pay and Personnel Center (CG-PPC) will establish the retired pay account for retiring Coast Guard, USPHS, and NOAA members
3. Ensure that you promptly advise DFAS - Cleveland Center of changes to your marital/family status and any changes to your correspondence address or direct deposit information. Gray Area retirees (retired reservists who are not yet eligible for retired pay) should contact their Reserve Component directly to report changes. Retired members of the Coast Guard, USPHS or NOAA should contact the CG-PPC.
4. If completed electronically, this form automatically disables certain fields based on information you entered. If one of the items listed below does not appear on the form, it is due to information you previously entered that indicates this item is not applicable to you.

## PART I - RETIRED PAY INFORMATION

## SECTION I - PAY IDENTIFICATION.

ITEMS 1 through 3. Self-explanatory.

ITEM 4. If you are retiring from active service, enter the date you will transfer to the Fleet Reserve or date of retirement. If you are a Reserve/National Guard member qualified to retire under 10 U.S.C., Chapter 1223, enter either the date of your 60th birthday or, a later date on which you desire to begin receiving retired pay. If you are eligible for reduced age retirement earlier than your 60th birthday, you will need to enter that date.

ITEMS 5 and 6. Self-explanatory.

ITEM 7. Indicate whether you are (or were) a member of the Regular Component or a member of the Reserve Component. The Reserve Component includes all reserve and National Guard members, including full-time reservists on active duty, such as Active Guard/Reserves (AGR) and Full-Time Support (FTS). If in the Reserve Component, indicate the type of retirement, regular or non-regular retirement.

ITEM 8. Indicate which retirement plan covers you:

- If your Date of Initial Entry into Military Service (DIEMS) is prior to September 8, 1980, you should enter "Final Pay" UNLESS you elected to opt into the Blended Retirement System.
- If your DIEMS is on or after September 8, 1980, but before January 1, 2018, you should enter "High-3" UNLESS you elected to participate in the CSB/REDUX retirement plan or the Blended Retirement System (BRS).
- If your DIEMS is on or after August 1, 1986, AND you elected to receive the Career Status Bonus (CSB) upon completion of 15 years of service, you should enter "CSB/REDUX."
- If you elected to opt into the Blended Retirement System, OR your DIEMS is on or after January 1, 2018, you should enter "Blended Retirement System."
- If you are retiring with a disability retirement, regardless of your DIEMS enter "Disability."

ITEM 9. Self-explanatory.

## SECTION II - DIRECT DEPOSIT/ELECTRONIC FUND TRANSFER INFORMATION.

ITEMS 10 through 13. Enter the routing and account information for your bank or financial institution. Indicate whether your account is (S) for Savings or (C) for Checking account in Item 10. Also, provide the nine digit Routing Transit Number (RTN) of your financial institution in Item 11, your account number in Item 12, and your financial institution name and address in Item 13. This section must be completed. Your net retired/retainer pay must be sent to your financial institution by direct deposit/electronic fund transfer (DD/EFT).

*REGULAR COMPONENT RETIREES ONLY:* If you are directing your retired pay to the same account number and financial institution to which you directed your active duty pay, check the box immediately below "Section II". If you have a copy of the Direct Deposit Authorization form used to establish your DD/EFT for your active duty pay, attach a copy to this form.

## SECTION III - SEPARATION PAYMENT INFORMATION.

ITEM 14. Indicate in 14.a. if you previously received separation or severance pay. If you mark one of the boxes in 14.a., complete 14.b. by entering the gross amount for Severance, (In)voluntary Separation, Separation Incentive and Special Separation Bonus payments and the annual installment gross amount for Voluntary Separation Incentive payments. Attach a copy of the orders that authorized the payment and a copy of previous DD Form 214.

## SECTION IV - VA DISABILITY COMPENSATION.

ITEM 15. All retirees must read and acknowledge Item 15.a. Note that if you later apply for and are awarded VA disability compensation, you must notify DFAS - Cleveland Center (Retired members of the Coast Guard, PHS or NOAA should contact the CG-PPC) of the amount of the award. Indicate in Item 15.b. if you are currently, or have previously, received or applied for VA disability compensation. If you mark YES in 15.b., complete 15.c., and 15.d.

## SECTION V - DESIGNATION OF BENEFICIARIES FOR UNPAID RETIRED PAY.

ITEM 16. Upon your death, 10 U.S.C. §2771 provides that any pay due and unpaid will be paid to the surviving person highest on the following list: (1) beneficiary(ies) designated in writing; (2) your spouse; (3) your children and their descendants, by representation; (4) your parents in equal parts, or if either is dead, the survivor; (5) the legal representative of your estate, and (6) person(s) entitled under the law of your domicile. You may choose to designate your spouse as the primary beneficiary for 100% of your unpaid retired pay by checking the box directly below "Section V" and leaving items 16.a. through 16.e. blank. If you choose to designate a different beneficiary or beneficiaries, you must complete Items 16.a. through 16.e. If you designate multiple beneficiaries, you can either provide a SHARE percentage to be paid to each person or leave the SHARE percentage blank. If you leave the SHARE percentage blank, any retired pay you are owed when you die will be divided equally among your designated beneficiaries. If you list more than one person with a 100% SHARE, the beneficiaries will be paid in the order as you list them on the form. If, for example, you designate two beneficiaries, then the SHARE percentage must either be 100% for each beneficiary, or the SHARE percentages when added together must equal 100%. If you designate more than one person, and the total percentage designated is greater than 100%, the person listed first is considered the primary beneficiary. If you check the box designating your spouse as 100% beneficiary, that election will take precedence over any designation made in Items 16.a. through 16.e.

If you do not designate a beneficiary or beneficiaries in Item 16, or all designated beneficiaries have died before the date of your death, any unpaid retired pay will be paid to the living person or persons in the highest category of beneficiary listed above, as required by law.

## SECTION VI - FEDERAL INCOME TAX WITHHOLDING INFORMATION.

Complete this section after determining your dependents with the aid of your disbursing/finance office, or from the instructions available on IRS Form W-4, or other available IRS publications. Leave Items 17 through 19 blank if completing Item 20.

ITEM 17. Mark the status you desire to claim.

ITEM 18. This refers to the whole dollar amounts of total withholding(s) claimed.

ITEM 19. If you are not a U.S. citizen, provide, on an additional sheet, a list of all periods of ACTIVE DUTY served in the continental U.S., Alaska, and Hawaii. Indicate periods of service by year and month only. List only service at shore activities; do not report service aboard a ship.

For example:

FROM (Year/Month)	DUTY STATION	TO (Year/Month)
2021/06	NAVSTA, Norfolk, VA	2021/07

NOTE: This information may affect the portion of retired/retainer pay which is taxable in accordance with the Internal Revenue Code if you maintain a permanent residence outside the U.S., Alaska, or Hawaii.

ITEM 20. Enter the dollar amount as they relate to claim dependents.

ITEM 21. Enter other income that is not from jobs. This may include interest, dividends, and retirement income.

ITEM 22. Enter deductions if you expect to claim deductions other than the standard deduction and want to reduce your withholdings.

ITEM 23. Enter extra withholdings. Enter any additional tax you want withheld each month. If exempt from Federal taxes, enter 'EXEMPT'.

#### SECTION VII - VOLUNTARY STATE TAX WITHHOLDING.

Complete this section only if you want monthly state tax withholding. If you choose not to have a monthly deduction, you remain liable for state taxes, if applicable.

ITEM 24. Enter the name of the state for which you desire state tax withheld.

ITEM 25. Enter the dollar amount you want deducted from your monthly retired/retainer pay. This amount must not be less than \$10.00 and in whole dollars (Example: \$50.00, not \$50.25).

ITEM 26. Enter only if different from the address in Item 9.

#### PART II - LUMP SUM ELECTION.

OPTIONAL. Only complete Part II if you are:

- Covered under the Blended Retirement System; AND,
- Want to elect a partial lump sum of retired pay

If you ARE NOT covered under the Blended Retirement System or DO NOT want to elect a partial lump sum, proceed to PART III of the form.

#### SECTION VIII - BLENDED RETIREMENT SYSTEM LUMP SUM ELECTION.

ITEM 27. Indicate in Item 27.a. or 27.b. whether you intend to receive a 25 percent or 50 percent lump sum of retired pay.

ITEM 28. If indicating in Item 27.a. or 27.b. that you desire to receive a lump sum of retired pay, indicate in 28.a. through 28.d. whether you would like that in one payment or a series of equal, annual installments over 2, 3, or 4 years.

ITEM 29. Before signing in Item 30, you must read the considerations listed in Item 29. You are highly encouraged to review your options with a financial professional and compare your estimated retirement benefits with or without a lump sum using the online calculator located at <https://militarypay.defense.gov/calculators/BRS>.

ITEM 30. If you mark Items 27 and Items 28, you must sign Item 30.a., and indicate the date you are signing in 30.b. The date in 30.b. must be at least 90 days prior to the date of your retirement or the date you transfer to the Fleet Reserve (shown in Item 4, this is also the same date indicated on your DD 108 request for retirement). If you are a Reserve/National Guard member qualified to receive retired pay with a non-regular retirement, the date in 27.b. must be 90 days prior to the date upon which you will be eligible to begin receiving retired pay (shown in Item 4, this is also the same date indicated on your DD 108 request for retirement).

If you are NOT electing a lump sum of retired pay, DO NOT SIGN Item 30.

#### PART III - SURVIVOR BENEFIT PLAN.

It is very important that you are counseled and are fully aware of your options under the Survivor Benefit Plan (SBP). SBP pays your eligible beneficiary or beneficiaries an inflation-protected annuity, based on your retired pay, in the event of your death. The cost of SBP is subsidized by the government, but you will be required to pay a portion of the cost of SBP through deductions from your retired pay. All retiring active duty members and all members of the Reserves / National Guard who complete 20 qualifying years of service are automatically fully covered under the SBP or the Reserve Component SBP (RC-SBP) unless electing to reduce or decline this coverage. Special requirements for reducing or declining coverage are provided in Part III.

#### SECTION IX - DEPENDENCY INFORMATION.

ITEM 31. Provide your spouse's name, SSN, and date of birth. If no current spouse, enter "N/A" and proceed to Item 34.

ITEMS 32 and 33. Enter the date and location of your marriage to your current spouse. In Item 32, if marriage occurred outside the United States, include city, province, and name of country.

ITEM 34. If you do not have dependent children, enter "N/A" in this Item. If you do have dependent children, provide the requested information. Designate which children resulted from marriage to a former spouse, if any, by indicating (FS) after the relationship in Item 34.d.

ITEM 34.e. Enter YES or NO as appropriate. A disabled child is an unmarried child who meets one of the following conditions: a child who has become incapable of self-support before the age of 18 or a child who has become incapable of self-support after the age of 18 but before age 22 while a full-time student. Substantiation is required. Submit a medical evaluation prepared by a medical professional showing the disabling condition, the age of onset of the condition, the past medical history and how the condition precludes the potential beneficiary from being-self supporting now and in the future. If answering yes, attach documentation.

#### SECTION X - SURVIVOR BENEFIT PLAN (SBP) ELECTION.

In this section, you will be able to indicate your desired SBP election and designate the beneficiary for SBP in the event of your death. If you make no election, you will automatically receive maximum coverage for all eligible family members (spouse and/or children). If you elect to reduce or decline your coverage, your spouse will have to concur with that decision, with the exception of a former spouse or former spouse and child election. You may discontinue your SBP participation within one year after the second anniversary of the commencement of retired/retainer pay. Termination of SBP is effective the first of the month after DFAS - Cleveland Center (or the Coast Guard PPC for non-DOD members) receives the SBP disenrollment request. There will be no refund of SBP costs paid for the period before the SBP disenrollment. You are advised to consult with a SBP Counselor or Retirement Services Officer prior to completing this section.

ITEM 35. RESERVE COMPONENT ONLY. Information to complete this section can be found on the DD Form 2656-5 or the previous DD Form 1883, you submitted when you were first notified that you had completed 20 years of creditable service, known as your "Notification of Eligibility (NOE)." If you received your NOE prior to January 1, 2001 and did not make an election within 90 days of your NOE, RC-SBP was declined by default. Reserve or National Guard members who previously completed 20 qualifying years of service are automatically covered under the RC-SBP unless electing, within 90 days of receiving their Notification of Eligibility, to decline this coverage. Indicate in Item 35.a., 35.b., or 35.c. your previous election. If you elected immediate coverage (Item 35.c., or "Option C"), elected coverage to begin at age 60 (Item 35.b., or "Option B") or made no election previously, this remains your coverage and cannot be changed. However, Reserve/National Guard members who declined to make an election until reaching the age of eligibility to receive retired pay (Item 35.a., or "Option A"), or who were unmarried and had no eligible children at initial RC-SBP election and made no subsequent RC-SBP election must complete Items 36 and 37 (and Items 38 through 40 if applicable). If you elected either Immediate (Option C) or Deferred (Option B) RC-SBP coverage and the elected beneficiary is no longer eligible, provide supporting documentation with this form.

**ITEM 36.** Enter your desired coverage in Items 36.a. through 36.g. You may only select one Item. If you elect 36.a., 36.c., or 36.g., you **MUST** also indicate whether you are declining coverage for other eligible dependents.

**ITEM 36.d.** Mark if you are not married, have no eligible children, and desire coverage for a person with an insurable interest in you, and provide the requested information about that person in Item 39. A person designated as an insurable interest beneficiary must have a reasonable and lawful basis, founded upon the relationship of parties to each other, either pecuniary or of blood or affinity, to expect some benefit or advantage from the continuance of the life of the retiree. Proof of financial benefit from the continuance of the life of the member is required for persons other than your (former) spouse or child(ren). An election of this type must be based on your full gross retired/retainer pay. If the person is a non-relative or as distantly related as a cousin, attach evidence that the person has a financial interest in the continuance of your life. Under provisions of Public Law 103-337, you are permitted to withdraw from insurable interest coverage at any time. Such a withdrawal will be effective on the first day of the month following the month the request is received by DFAS - Cleveland Center (or the Coast Guard PPC for non-DOD members). Therefore, no refund of SBP costs collected before the effective date of withdrawal will be paid.

**ITEMS 36.e and 36.f.** Mark Item 36.e. if you elect coverage for a former spouse. Mark Item 36.f. if you desire coverage for a former spouse and dependent child(ren) of that marriage, and provide the requested information about these children in Item 34 as appropriate. Provide a certified photocopy of final decree that includes separation agreement or property settlement which discusses SBP for former spouse coverage. The DD Form 2656-1, "Survivor Benefit Plan (SBP) Election Statement for Former Spouse Coverage," must also be completed and accompany the completed DD Form 2656 to DFAS - Cleveland Center (or the Coast Guard PPC for non-DOD members).

**ITEM 36.g.** Mark if you decline coverage under SBP. If married and declining coverage, Items 43 and 44 of Part V, Section XI **MUST** be completed.

**ITEM 37.** This Item allows you to designate the amount of your retired pay that will be the "base amount" for determining your SBP premiums and the resulting SBP annuity. If you make no entry, you will default to the full base amount.

**ITEM 37.a.** Mark if you desire the coverage to be based on your full gross retired/retainer pay. For members who previously elected the Career Status Bonus (CSB) or members covered by the Blended Retirement System who elect a lump sum of retired pay, the full gross retired/retainer pay is what your retired pay would have been had you not elected (CSB) or the lump sum.

**ITEM 37.b.** Mark if you desire the coverage to be based on a reduced portion of your retired/retainer pay. This reduced amount may not be less than \$300.00. If your gross retired/retainer pay is less than \$300.00, the full gross pay is automatically used as the base amount. Enter the desired amount in the space provided to the right of this Item.

**ITEM 37.c.** Used by a REDUX member who wants coverage based on actual retired pay received under REDUX. If this option is selected, Items 43 and 44 of Part V must be completed, if married.

**ITEM 37.d.** Mark if you desire the higher threshold amount in effect on the date of your retirement to be used as your base amount. If this option is selected, Items 43 and 44 of Part V must be completed, if married.

**ITEM 38.** You may elect payment of the SBP benefit, for beneficiary categories designated in Items 36.b., 36.c., or 36.f., to a special needs trust (SNT) who meets the criteria of a disabled child for SBP, and is indicated as such in Item 34.e. of these instructions. You must provide to DFAS - Cleveland Center (or the Coast Guard PPC for non-DOD members) a copy of the SNT established for the child, documents to support the child is incapable of self-support, age when incapacitated, and if temporary or permanent, and separate statement from an actively licensed attorney certifying that the Trust is an SNT created for the benefit of the child and is in compliance with all applicable federal and state laws. Additional procedures for establishing an SNT as SBP beneficiary are in DoDI 1332.42.

**ITEM 39.** Enter the information for insurable interest beneficiary. See instruction for Item 36.d.

**ITEM 40.** Enter the information for your former spouse, if applicable.

#### PART IV - CERTIFICATION.

#### SECTION XI - CERTIFICATION

**ITEM 41.** Read the statement carefully, then sign your name and indicate the date of signature. For your SBP election to be valid, you must sign and date the form prior to the effective date of your retirement/transfer, or the date you are eligible to begin receiving retired pay. (Note: if you elected a lump sum of retired pay in Part II, this form must be signed and dated no later than 90 days prior to your retirement/transfer date, or the date you are eligible to begin receiving retired pay).

**ITEM 42.** A witness to your signature must also sign and provide their information in Items 42.a. through 42.g. A witness cannot be named as beneficiary in Sections V, IX or X.

#### PART V - SPOUSE SBP CONCURRENCE

#### SECTION XII - SBP SPOUSE CONCURRENCE.

Completion of this section is required only in certain circumstances if you declined to elect SBP coverage, elected less than the maximum coverage, or elected child-only coverage while having an eligible spouse. If you are completing this form electronically and this section does not appear, you do not have to obtain spousal concurrence.

**ITEM 43.** 10 U.S.C. §1448 requires that an otherwise eligible spouse concur if the member declines to elect SBP coverage, elects less than maximum coverage, or elects child-only coverage. This is not required for any former spouse or former spouse and child election. Therefore, a member with an eligible spouse upon retirement, who elects any combination other than Items 36.a. or 36.b. AND 37.a. must obtain the spouse's concurrence in Section XII, with the exception of an election of Item 36.e. or 36.f. If the current eligible spouse concurs with declining the SBP election, that spouse will need to provide their phone number and email address in boxes b. and c. By signing Item 43, you are concurring with the Survivor Benefit Plan election made by your spouse.

**ITEM 44.** A Notary Public must witness the signature of the spouse in Item 44. This witness cannot be a named beneficiary in Section V, IX, or X. The spouse's concurrence must be obtained and dated on or after the date of the member's election, but before the retirement / transfer date. If concurrence is not obtained when required, maximum coverage will be established for your spouse and child(ren) if appropriate.

**BURDEN ESTIMATE STATEMENT**

The estimated average burden associated with this collection of information is 10 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Facilities Management Division, Property & Supply Section, Room B-101, 3700 East-West Highway, Hyattsville, MD 20782 or the Office of Management and Budget, Paperwork Reduction Project (1510-0007), Washington, D.C. 20503.


**PLEASE READ THIS CAREFULLY**

All information on this form, including the individual claim number, is required under 31 USC 3322, 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

**INFORMATION FOUND ON CHECKS**

Most of the information needed to complete boxes A, C, and F in Section 1 is printed on your government check:

- (A) Be sure that payee's name is written exactly as it appears on the check. Be sure current address is shown.
- (C) Claim numbers and suffixes are printed here on checks beneath the date for the type of payment shown here. Check the Green Book for the location of prefixes and suffixes for other types of payments.
- (F) Type of payment is printed to the left of the amount.

<b>United States Treasury</b>		15-51 000
	Month Day Year 08 31 84	AUSTIN, TEXAS
Pay to the order of	00 (C)	28 28
(A)	(F)	DOLLARS CTS \$*****100 00
		<b>NOT NEGOTIABLE</b>
:00000518: 041571926*		

**SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS**

Joint account holders should immediately advise both the Government agency and the financial institution of the death of a beneficiary. Funds deposited after the date of death or ineligibility, except for salary payments, are to be returned to the Government agency. The Government agency will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments.

**CANCELLATION**

The agreement represented by this authorization remains in effect until cancelled by the recipient by notice to the Federal agency or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that he/she is doing so.

The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the Federal agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government agency.

**CHANGING RECEIVING FINANCIAL INSTITUTIONS**

The payee's Direct Deposit will continue to be received by the selected financial institution until the Government agency is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will complete a new SF 1199A at the newly selected financial institution. It is recommended that the payee maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution receives the payee's Direct Deposit payment.

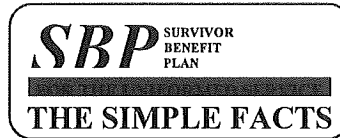
**FALSE STATEMENTS OR FRAUDULENT CLAIMS**

Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.

# RCSBP FACT SHEET

## RESERVE COMPONENT SURVIVOR BENEFIT PLAN

This fact sheet is designed to supplement the Department of Defense brochure and is updated by the Army SFL RSO:



You should become familiar with the general provisions outlined in the main brochure before reading this fact sheet.  
The main brochure also lists other fact sheets that are available.  
This fact sheet provides information to help you understand the provisions of SBP, but it is not a contract document.  
The basic statutory provisions of SBP law are in chapter 73, title 10, United States Code.

The Reserve Component Survivor Benefit Plan (RCSBP) is the only Reserve program that lets you leave a percentage of your future retired pay as a monthly annuity to your beneficiaries. The maximum annuity is 55 percent of your retired pay. This fact sheet tells how participation in RCSBP affects the general provisions of SBP. You should also be familiar with those general provisions (see the main booklet and other fact sheets).

### ELIGIBILITY

- a. **Initial RCSBP Election Timeframe.** Once you are notified that you qualify for a Reserve Retirement and receive your Notification of Eligibility (NOE) commonly known as the 20 year letter, you are eligible to sign up for RCSBP, regardless of your military status, age, or health. You have a 90-day period beginning the day you receive your NOE to make an RCSBP election.
- b. **Spouse Concurrence.** Since 1 Jan 01 if you are married and do not elect Option C, immediate spouse RCSBP coverage based on your full retired pay, your spouse must sign the RCSBP Election Certificate (DD Form 2656-5) concurring with the election prior to the end of the 90 day period that began the day you received your NOE. The spouse's signature must be notarized and dated on or after your signature on the DD form 2656-5. If you do not obtain your spouse's concurrence, your RCSBP election defaults to spouse immediate (Option C) RCSBP coverage based on your full retired pay.
- c. **Automatic RCSBP Coverage.** If you fail to complete the RCSBP Election certificate within the 90 day window to make your RCSBP election, your eligible dependents on the date of the NOE receive, by law, automatic Option C RCSBP coverage based on your full retired pay.
- d. **Automatic RCSBP for Special Situations.** If you die after becoming eligible for a Reserve non-regular retirement but before receiving the NOE or after receiving the NOE but within the 90 days from notification and have not made an RCSBP election, your dependents receive automatic Option C full RCSBP coverage. The dependents of Reservists who die in the line of duty of an injury or illness incurred or aggravated during inactive-duty training receive automatic Option C full RCSBP coverage.



## COVERAGE

Your RCSBP election covers you from the time you qualify for a Reserve Retirement until you begin receiving retired pay at Reserve non-regular retirement. Once in receipt of retired pay, your RCSBP election (Option B or C) automatically becomes your SBP election. If you elected to decline RCSBP (Option A), you will have no RCSBP coverage and must make an SBP election at your Reserve non-regular retirement. Active duty retirement for length of service or medical retirement invalidates an RCSBP election and you will be required to make an SBP election without regard to a previous RCSBP election. If retired from active duty, you will not be charged any premiums for RCSBP coverage received.

## ELECTION OPTIONS

- a. **Option A (DECLINE TO MAKE ELECTION UNTIL Reserve Non-Regular Retirement (AGE 60)).** You will remain eligible to elect Survivor Benefit Plan (SBP) coverage upon reaching the age you qualify for a Reserve non-regular retirement. An annuity will not be payable to your beneficiaries if you die before Reserve non-regular retirement. Since you received no RCSBP coverage, you will not pay RCSBP premiums at retirement.
- b. **Option B (DEFERRED ANNUITY).** Provides coverage for an annuity to begin on date you would have been eligible for Reserve non-regular retirement, if you die before your Reserve non-regular retirement and becomes your SBP election to begin immediately if you die after your Reserve non-regular retirement.
- c. **Option C (IMMEDIATE ANNUITY).** Provide coverage for an annuity to begin immediately, whether you die before or after your Reserve non-regular retirement.
- d. **No Dependents at NOE.** If you are not married, have no eligible children, and do not desire to elect RCSBP for a former spouse or insurable interest; you do not have an RCSBP election Option. However, once you acquire the first spouse or child after your NOE, you have one year to notify the Human Resources Command (HRC) that you now have an eligible beneficiary and request RCSBP coverage. The election must be submitted on a DD Form 2656-5 because you must elect an RCSBP Option, B or C, and level of coverage. Failure to elect RCSBP coverage within one year of acquiring an eligible dependent will result in your RCSBP election defaulting to Option A until your Reserve non-regular retirement at which time you will have to make an SBP election.

## BENEFICIARIES

- a. **Spouse only.** To be eligible for an annuity your spouse must be married to you on the date of your NOE when you made an initial spouse RCSBP election and is still married to you on the date of your death. In the event you marry or remarry after your NOE and electing RCSBP, your new spouse must be married to you for one year, or be the parent of a child by that marriage to qualify for RCSBP. If you divorce and remarry the spouse you were married to and who you had elected spouse RCSBP at your NOE, they are immediately eligible for RCSBP at marriage.
- b. **Child only.** Coverage of children is limited to unmarried children under the age of 18, or under age 22 if in school pursuing a full-time course of study or training; or any age if incapable of self-support because of a mental or physical incapacity incurred while still eligible as defined above. RCSBP or SBP for a fully incapacitated child may affect other benefits the child may be entitled to due based on the disability. The law now allows the RCSBP or SBP for an incapacitated child to be paid to a special needs trust for the child to mitigate the effect of RCSBP or SBP on the child's other benefits. Coverage is for all eligible children.
- c. **Spouse and Children.** Same child eligibility rules as above; however, children will receive an RCSBP annuity only if your spouse becomes ineligible (through death or remarriage before age 55). Coverage is for all eligible children.
- d. **Former Spouse /Former Spouse and Child or Children.** You may elect to provide an annuity to a former spouse or a former spouse and child. Only the children of the marriage to the former spouse receive coverage if the election is former spouse and child. You may elect these beneficiary options even though you are married or have a dependent child, but such an election prevents payment of an annuity to the current spouse or a child outside of the marriage to the former spouse. Under an election for former spouse and child, the child receives an RCSBP annuity only if the former spouse becomes ineligible (through death or remarriage before age 55).
- e. **Insurable Interest.** This coverage may be elected only if you are not married or are unmarried with a sole dependent child. Any person more closely related to you than a cousin does not require justification to show the financial interest in your life for an insurable interest election. Any other person may qualify if you provide proof that person benefits in some manner from your continued life (a business partner, for instance). Note: This is a very expensive election for both RCSBP and SBP premium costs and can be cancelled at any time. If you marry or have an eligible child you can cancel insurable interest and elect spouse and or child within one year of marriage or acquiring a child. If no action is taken within the year of marriage and or acquiring the child, you close the category for both RCSBP and SBP.

## Beneficiary Changes after Initial RCSBP Election at NOE

- a. **Suspended Spouse RCSBP.** If you remarry after electing RCSBP Spouse Coverage, and your spouse coverage is suspended (RCSBP covered spouse lost through death or divorce), the new spouse must be married to you for one year, or be the parent of a child by that marriage to qualify as an RCSBP beneficiary. Within one year of marriage you can elect to increase the amount of retired pay you covered for spouse RCSBP, decline to cover the new spouse and any future spouse, or resume existing RCSBP coverage. Taking no action will result in the new spouse receiving automatically the existing spouse RCSBP coverage.
- b. **No RCSBP Beneficiaries at NOE.** If you have no eligible RCSBP beneficiaries at retirement, and this marriage is your first eligible dependent (spouse and or child) after making your NOE but before your Reserve nonregular retirement, you have one year to request to change your RCSBP election to Spouse coverage or your RCSBP election defaults to Option A, decline RCSBP coverage.
- c. **Adding Spouse to Existing Child RCSBP.** If you were not married at your NOE, elected child RCSBP, and this is your first marriage following NOE; you can add your spouse to existing child RCSBP coverage as long as you make the election change within one year of your marriage. If no action within one year of your first marriage following NOE, you close the category spouse for both RCSBP and SBP.
- d. **Child after 20 year letter RCSBP election.** If you have a child after your 20 year letter and you previously elected child or spouse and child RCSBP coverage, the child will be added to your existing RCSBP coverage. If you had no children at your 20 year letter, elected spouse RCSBP, and this is your first child, you have one year to add the child coverage. If you take no action within one year, that spouse and any future child is excluded from RCSBP or SBP coverage. If you had no dependents at your 20 year letter and the child is your first dependent, you have one year to request to change your RCSBP election to child coverage or your RCSBP election defaults to Option A, decline RCSBP coverage.
- e. **Insurable Interest.** If your insurable interest dies, you have 180 days to elect a new insurable interest. The costs will be calculated from the death of the previous insurable interest.

**Note: Any change in beneficiary status prior to Reserve non-regular retirement for US Army Reserve and Army Retired Reserve Soldiers must be reported to the Army Human Resources Command Reserve Retirement Services Office for Army Reserve or Retired Reserve and for National Guard to the State Retirement Services Office immediately.**

## RCSBP COSTS (PREMIUMS)

There are two premiums associated with RCSBP. These premiums are not paid until you begin receiving your retired pay at age 60. The two types of premiums are: Basic (SBP) Premium and Reserve (RCSBP) Premium. There is no RCSBP premium for RCSBP Option A as you receive no RCSBP coverage or for RCSBP coverage if retired under an active duty law for length of service or medical disability.

### BASIC SBP PREMIUM

SBP premium and benefit's are each a percentage of your elected "base amount," which may be your full monthly retired pay or a lesser amount, but not less than \$300. If your monthly gross retired pay is less than \$300, then your full monthly retired pay must be designated as the base amount. The base amount, premiums and annuity payments all increase at the same time and by the same percentage as the increase in retired pay Cost-of-Living Adjustments (COLAs).

- a. **Basic SBP Premium for Spouse/Former Spouse.** The basic SBP premium can be calculated by accessing the MyArmyBenefits calculator at <http://myarmybenefits.us.army.mil/>.
- b. **Basic SBP Premium for Children.** The cost to cover children is also based on a percentage of the SBP base amount. It is dependent on your age, the age of your youngest child, and the age of your spouse if applicable. Your pay and personnel center can assist you in determining your exact cost.
- c. **Basic SBP Premium for Insurable Interest.** The base amount for an insurable interest beneficiary must be the full monthly retired pay. The cost is 10 percent of full monthly retired pay, plus 5 percent for each full 5 years the beneficiary is younger than you. However, the total cost cannot exceed 40 percent of monthly retired pay.

### RCSBP PREMIUM

If you chose to elect RCSBP under Option B (Deferred Annuity) or Option C (Immediate Annuity), there is a Reserve premium added to the basic cost to cover the additional benefit previously received for coverage received prior to age 60. The Reserve premium is based on a percentage of the SBP base amount, and is dependent on your age and the age of your beneficiary at the time the RCSBP election is made. Your pay and personnel center can assist you in determining your exact cost. Calculators to estimate your retired pay, SBP and RCSBP premiums are available on the HRC website at <https://www.hrc.army.mil/Calculators/SurvivorBenefitPayCalc.aspx>.

## **SBP/RCSBP ANNUITY AMOUNT**

Your RCSBP election becomes your SBP election when you reach eligibility to receive retired pay. The annuity is 55 percent of the base amount, the amount of your retired pay you elected for RCSBP/SBP coverage.

## **DEPENDENCY AND INDEMNITY COMPENSATION (DIC)**

- a. The RCSBP annuity of a spouse will be reduced by the amount the spouse receives as DIC. Your spouse will be eligible for DIC payments only if you die of a service-connected cause. In the event the DIC payment is greater than the RCSBP annuity, the annuity will not be paid. In the event you are receiving retired pay at the time of death, your surviving spouse will receive a refund of all premiums you paid. When part of an annuity is offset by DIC, premiums for the offset portion are refunded.
- b. The RCSBP spouse annuity reduction for DIC payments is made because both are federal programs and the government pays part of the costs. The combined income amount will always be at least equal to the full amount otherwise payable under RCSBP.
- c. When considering your RCSBP election and possible annuity reductions, the important point to consider is that what you're leaving your spouse is permanent income based on your retired pay.

## **SPOUSE RCSBP ANNUITANT REMARRIAGE**

Your spouse/former spouse RCSBP annuity stops if your spouse or former spouse remarries before age 55. The annuity can resume if the marriage ends due to death or divorce. If your spouse/former spouse remarries after age 55, the RCSBP annuity continues. Based on a court case, a spouse who remarries after age 57 who is authorized RCSBP and DIC will receive both without an offset.

## **RETIREMENT UNDER THE PROVISIONS OF AN ACTIVE DUTY LAW**

If retired under the provisions of an active duty law either for length of active service or for medical disability, your RCSBP election will not affect your SBP election and you will not pay for any RCSBP coverage received.

## **RCSBP WHEN DEATH IS ON ACTIVE DUTY**

An RCSBP election does not apply while you are on active duty. If you die while in an active duty status, you are subject to the active duty death SBP provisions of the law.

## RCSBP POINT OF CONTACT

<p><b>All Retired Reserve/Army Reserve</b></p>	<p>US ARMY HUMAN RESOURCE COMMAND  ATTN: TAGD (AHRC-PDP-TR)  1600 SPREARHEAD DIVISION AVENUE-  DEPT 482  Fort Knox, KY 40122-5402</p>	<p>HRC Call Center –  1-888-ARMYHRC  (276-9472)</p> <p>Reserve Retirement Services Office –  502-613-8950</p>
<p><b>Participating National Guard</b></p>	<p>To contact your State Army National Guard Retirement Services Officer go to the MyArmyBenefits Resource Locator at <a href="http://myarmybenefits.us.army.mil/Home.html">http://myarmybenefits.us.army.mil/Home.html</a>.  Go to the Benefit Library, select Resource Locator, Select your state and find the State National Guard Retirement Services Office</p>	

**UPDATED MAY 16**

## DIRECT DEPOSIT SIGN-UP FORM

### DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

### SECTION 1 (TO BE COMPLETED BY PAYEE)

<b>A</b> NAME OF PAYEE ( <i>last, first, middle initial</i> )		<b>D</b> TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
ADDRESS ( <i>street, route, P.O. Box, APO/FPO</i> )		<b>E</b> DEPOSITOR ACCOUNT NUMBER	
CITY STATE ZIP CODE		<b>F</b> TYPE OF PAYMENT ( <i>Check only one</i> ) <input type="checkbox"/> Social Security <input type="checkbox"/> Fed. Salary/Mil. Civilian Pay <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active _____ <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retire. _____ <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. Survivor _____ <input type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Other _____ <span style="float: right;"><i>(specify)</i></span>	
TELEPHONE NUMBER AREA CODE			
<b>B</b> NAME OF PERSON(S) ENTITLED TO PAYMENT			
<b>C</b> CLAIM OR PAYROLL ID NUMBER		<b>G</b> THIS BOX FOR ALLOTMENT OF PAYMENT ONLY ( <i>if applicable</i> )	
Prefix	Suffix	TYPE	AMOUNT
<b>PAYEE/JOINT PAYEE CERTIFICATION</b>		<b>JOINT ACCOUNT HOLDERS' CERTIFICATION</b> ( <i>optional</i> )	
I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.	
SIGNATURE	DATE	SIGNATURE	DATE
SIGNATURE	DATE	SIGNATURE	DATE

### SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
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### SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION	ROUTING NUMBER	CHECK DIGIT
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
DEPOSITOR ACCOUNT TITLE		
<b>FINANCIAL INSTITUTION CERTIFICATION</b>		
I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.		
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER DATE

Financial institutions should refer to the GREEN BOOK for further instructions.  
**THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.**

Return complete application to:

ATTN TAGD (AHRC-PDP-TR)

U.S. ARMY HUMAN RESOURCES COMMAND

1600 SPEARHEAD DIV AVE, DEPT 482

FT KNOX, KY 40122

Or EMAIL your application to:

[USARMY.KNOX.HRC.MBX.TAGD-ASK-HRC@ARMY.MIL](mailto:USARMY.KNOX.HRC.MBX.TAGD-ASK-HRC@ARMY.MIL)