

CHECKLIST TO APPLY FOR RETIRED PAY

- ☐ DD 2656 (DATA for PAYMENT of RETIRED PERSONNEL)
- ☐ DD 108 (APPLICATION for RETIRED PAY)
- ☐ NGB 23B (RETIREMENT POINTS HISTORY STATEMENT)
- ☐ 20 YEAR LETTER / NOTICE OF ELIGIBILITY (NOE)
- ☐ DD 1883 or DD 2656-5 (RC-SBP ELECTIONS)
- ☐ SEPARATION ORDER (TRANSFER TO RETIRED RESERVE)
- ☐ PROMOTION ORDER (APPLYING AT HIGHER RANK HELD)
- ☐ FMS 2231 (DIRECT DEPOSIT SIGN UP FORM)
- ☐ ANY ELECTION CHANGE CERTIFICATES

IF APPLICABLE

- ☐ DIVORCE DECREE
- ☐ MARRIAGE CERTIFICATE
- ☐ BIRTH CERTIFICATE
- ☐ DEATH CERTIFICATE
- ☐ AGE WAIVER
- ☐ 1059 COMPLETION CSM AND PROMO ORDER CSM

IF EARLY DROP

- ☐ DD 214
- ☐ ORDERS

INSTRUCTIONS

GENERAL. 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 our ability.

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

ARMY: US Army Human Resources Command
1600 Spearhead Division Avenue, Department 482
Fort Knox, KY 40122

NAVY: Commander, Navy Personnel Command (PERS-912)
5720 Integrity Drive
Millington, TN 38055

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

MARINE CORPS: Commandant
United States Marine Corps
(Code MMSR-5)
3280 Russel Road
Quantico, VA 22134

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

2. Enter your name in the order indicated.
3. Enter correct date of birth (*proof of date of birth*)
4. Enter date you desire retired pay to begin (*cannot be before age 60*).
- 5a. Enter your Present home address
- b. Telephone number.
6. Enter highest grade or rating held in Armed Forces.
7. 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."
- 8a. 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 "603-1-91NAVY."
- b. Enter your Social Security Number.

NOTE: Primary purpose of Items 9 through 17 is to enable reviewing authority to verify service which may not be record. Detailed completion of these items are not required if all service reflects correctly in your statement of service. If blocks 9-17 are not completed, you must write a statement across the corresponding spaces that you will accept records of service as maintained by the service department from which you are retiring and sign the statement. Using this statement does not preclude your right to have records corrected in the future.

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.
10. Enter the highest grade or rating held during each period of service shown in Item 11.
11. Enter approximate dates of each individual period of service.
Example: 2 May 1936 to 1 May 1939; 20 Oct 1942 to 15 Nov 1946.
12. Enter inclusive dates of all periods of active duty performed during each individual period of service indicated in Item 11.
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.
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.
15. Enter highest grade or rating held during each year of service shown in Item 13.
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.
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.
18. Place your signature in this space. Signature appearing therein must coincide with the name shown in Item 4.
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://dpcl.d.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/570196/t7347b/>

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 (all members of the Reserves and National Guard including Active Guard/Reserve and Full-Time Support) <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		

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)

<input type="checkbox"/> 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)	
13. FINANCIAL INSTITUTION					
a. NAME	b. STREET (Include apartment number)		c. CITY	d. STATE	e. ZIP CODE

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	
SECTION IV - DEPARTMENT OF VETERANS AFFAIRS (VA) DISABILITY COMPENSATION INFORMATION					
15. VA DISABILITY COMPENSATION					
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. <input type="checkbox"/> Agree	b. HAVE YOU APPLIED FOR OR ARE YOU RECEIVING VA COMPENSATION FOR A DISABILITY? <input type="checkbox"/> Yes <input type="checkbox"/> No		c. EFFECTIVE DATE OF PAYMENT (YYYYMMDD)	d. MONTHLY AMOUNT OF PAYMENT	
SECTION V - DESIGNATION OF BENEFICIARIES FOR UNPAID RETIRED PAY (See Instructions)					
<input type="checkbox"/> Check this box if you want to designate your spouse as 100% beneficiary of any unpaid retired pay upon death OR complete Item 16.					
16. BENEFICIARY OR BENEFICIARIES INFORMATION					
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 OR check the box above, your unpaid retired pay will be distributed to beneficiaries in accordance with 10 U.S.C. §2771.					
a. NAME (Last, First, Middle Initial)	b. SSN	c. ADDRESS (Street, City, State, ZIP Code)	d. RELATIONSHIP	e. SHARE	
1)				%	
2)				%	
3)				%	
4)				%	
5)				%	
6)				%	
SECTION VI - FEDERAL INCOME TAX WITHHOLDING INFORMATION (Submit information in Items 17 – 21 in lieu of IRS Form W-4 for tax purposes.)					
Please refer to the following IRS hyperlink for withholding questions: https://www.irs.gov/forms-instructions					
17. MARITAL STATUS (Check one) <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 (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual)			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) Do only one of the following: (a) Use the estimator at https://www.irs.gov/individuals/tax-withholding-estimator 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"/>		
19. ARE YOU A UNITED STATES CITIZEN? <input type="checkbox"/> Yes <input type="checkbox"/> No (See instructions)					
20. CLAIM DEPENDENTS If your income will be \$200,000 or less (\$400,000 or less if married filing jointly) _____ Number of qualifying children under age 17 (Multiply the number of qualifying children under age 17 by \$2,000) _____ _____ Number of other dependents (Multiply the number of other dependents by \$500) _____ Add the amounts above and enter the total here: _____			21. OTHER INCOME (Not from jobs). 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: _____ 22. DEDUCTIONS 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: (Estimate your deductions this year OR provide previous year's total deductions) _____		
23. EXTRA WITHHOLDINGS. Enter any additional tax you want withheld each month: _____					
SECTION VII - VOLUNTARY STATE TAX WITHHOLDING INFORMATION (Complete only if monthly withholding is desired.)					
24. STATE DESIGNATED TO RECEIVE TAX	25. MONTHLY AMOUNT (Whole dollar amount not less than \$10.00)	26. RESIDENCE ADDRESS (If different from address listed in Item 9)			
		a. STREET (Include apartment number)	b. CITY	c. STATE	d. ZIP CODE

MEMBER NAME (Last, First, Middle Initial)				SSN	
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. <input type="checkbox"/> a. OPTION A - Previously declined to make an election until eligible to receive retired pay (Proceed to Item 36 to make election) <input type="checkbox"/> 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.) <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Attach Page with Explanation					
36. SBP BENEFICIARY CATEGORIES (Check one only. See Instructions and Section X.) <input type="checkbox"/> a. I ELECT COVERAGE FOR SPOUSE ONLY I have Dependent Child(ren) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> b. I ELECT COVERAGE FOR SPOUSE AND CHILD(REN) <input type="checkbox"/> c. I ELECT COVERAGE FOR CHILD(REN) ONLY (Spouse concurrence required in Part V if 'Yes' is selected) I have a Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> d. I ELECT COVERAGE FOR THE PERSON NAMED IN ITEM 39 WHO HAS AN INSURABLE INTEREST IN ME (See Instructions) <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> g. I ELECT NOT TO PARTICIPATE IN SBP I have eligible dependents under the plan. (If currently married spousal concurrence is required.) <input type="checkbox"/> Yes <input type="checkbox"/> No					

MEMBER NAME (Last, First, Middle Initial)			SSN	
37. SBP LEVEL OF COVERAGE (Check one only. Complete UNLESS Option B or Option C was selected in 35 OR Check Box 36.d. or 36.g. was selected. See Instructions. Your base amount will increase by the same rate of increase as your retired pay)				
<input type="checkbox"/> a. I ELECT COVERAGE BASED ON FULL GROSS PAY (If I elected the Career Status Bonus under REDUX or a lump sum of retired pay under the Blended Retirement System (Part II), full gross pay is the amount of retired pay I would have received had I NOT elected the Career Status Bonus or Lump Sum.)				
<input type="checkbox"/> b. I ELECT COVERAGE WITH A REDUCED BASE AMOUNT OF (Spouse concurrence is required in Part V) _____				
<input type="checkbox"/> c. CSB/REDUX MEMBERS ONLY <input type="checkbox"/> I elect coverage based on my actual Reduced Retired Pay Under REDUX. <input type="checkbox"/> I understand that this represents a Reduced Base Amount and requires Spouse Concurrence in part V. (See Instructions)				
<input type="checkbox"/> d. I ELECT COVERAGE BASED ON THE THRESHOLD AMOUNT IN EFFECT ON THE DATE OF RETIREMENT. (Spouse concurrence is required in Part V)				
38. SPECIAL NEEDS TRUST (Check only if you intend to designate a special needs trust (SNT) as beneficiary for a child/children designated in Item 34.e. as disabled. You must elect either 36.b., 36.c., or 36.f. to be eligible to designate an SNT. See DoDI 1332.42 for procedures for designating an SNT.)				
<input type="checkbox"/> I INTEND TO DESIGNATE AN SNT AS BENEFICIARY FOR THE CHILD OR CHILDREN DESIGNATED AS DISABLED IN ITEM 34. (It is your responsibility to separately submit a written statement of the decision to have the annuity paid to the SNT, an attorney's certification of that SNT, and the name and tax identification number for the SNT)				
39. INSURABLE INTEREST BENEFICIARY (See instructions prior to completing this section - DO NOT complete if you have an ELIGIBLE SPOUSE or FORMER SPOUSE)				
a. NAME (Last, First, Middle Initial)		b. SSN	c. DATE OF BIRTH (YYYYMMDD)	d. RELATIONSHIP
e. STREET (Include apartment number)		f. CITY		g. STATE
h. ZIP CODE		i. TELEPHONE (Incl. area code)		
j. EMAIL ADDRESS				
40. FORMER SPOUSE INFORMATION (Complete only if you have a former spouse)				
a. NAME (Last, First, Middle Initial)		b. SSN	c. DATE OF BIRTH (YYYYMMDD)	d. DATE OF DIVORCE (YYYYMMDD)
e. DATE OF MARRIAGE TO FORMER SPOUSE (YYYYMMDD)		f. TELEPHONE (Incl. area code)		g. EMAIL ADDRESS
h. HAS YOUR FORMER SPOUSE REMARRIED? <input type="checkbox"/> Yes <input type="checkbox"/> 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.

FAST START

DIRECT DEPOSIT

INSTRUCTIONS FOR PROCESSING FEDERAL EMPLOYEE PAYMENTS

Use: For processing Federal employee net salary, allotments, and other agency - approved payments associated with Federal employment (i.e. travel reimbursement, uniform allowance, etc). Employee must complete items 1,2,3 and 5. Complete item 4 only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.

1. EMPLOYEE INFORMATION

(SSN) EMPLOYEE PAYROLL IDENTIFICATION NUMBER

EMPLOYEE NAME
(as on payroll records)
(Last, First, Initials)

TELEPHONE NUMBER (WORK) (HOME)

2. TYPE OF ACCOUNT

- ☐ Checking
☐ Savings

TYPE OF PAYMENT

- ☐ Net Pay
☐ Travel
☐ Other Federal employment related payments

3. DIRECT DEPOSIT ACCOUNT INFORMATION - NET PAY/TRAVEL/OTHER (Use Sec. 4 for allotments)

A voided personal check/sharedraft may be attached in lieu of completing this section.
See instructions on back of this form.

ROUTING TRANSIT
NUMBER Check Digit

ACCOUNT NUMBER

ACCOUNT TITLE _____
(Account Holder's Name)

FINANCIAL INSTITUTION NAME _____

4. ALLOTMENT INFORMATION

Complete this section only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.

TYPE OF ALLOTMENT (Check One)

- ☐ Savings (whole dollar amounts only)
☐ Discretionary or Third Party

TYPE OF ACCOUNT (Check One)

- ☐ SAVINGS
☐ CHECKING

ACTION (Check One)

- ☐ START
☐ CANCEL
☐ CHANGE

AMOUNT (Check One)

- ☐ INCREASE TO:
☐ DECREASE TO:

New Total \$ _____

ALLOTTEE NAME
(person/company who will receive allotment)

ALLOTTEE'S ROUTING NUMBER
Check Digit

ALLOTTEE'S ACCOUNT NUMBER

ALLOTTEE'S ACCOUNT TITLE _____
(Account Holder's Name)

FINANCIAL INSTITUTION NAME _____

5. AUTHORIZATION



EMPLOYEE'S SIGNATURE

DATE

6. AGENCY USE:

PRIVACY ACT STATEMENT

The collection of the information you are requested to provide on this form is authorized under 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.

INSTRUCTIONS FOR PROCESSING FASTSTART AUTHORIZATION

PURPOSE


You may use this form to provide instructions for processing your net salary. You may also use this for to provide instructions for processing allotments and other agency - approved payments associated with your Federal employment.

1. EMPLOYEE INFORMATION (always complete this section)
2. TYPE OF ACCOUNT/PAYMENT (Put an "X" in the appropriate space to indicate a checking or savings account and type of payment.)
3. DIRECT DEPOSIT ACCOUNT INFORMATION
ROUTING TRANSIT NUMBER (your financial institution's 9-digit routing transit number)
ACCOUNT NUMBER (your account number at your financial institution)
ACCOUNT TITLE (the depositor's name on the account to which payments are to be directed)
FINANCIAL INSTITUTION NAME (the name of the institution to which payments are to be directed)

The Routing Transit Number (RTN) can be obtained from the financial institution or found on the bottom of a check.

The diagram shows a check with the following fields and labels:

- 3 - NAME OF DEPOSITOR
STREET ADDRESS
CITY, STATE
- 101 - PAY TO THE ORDER OF: _____ \$ _____
DOLLARS
- 19 - NAME OF YOUR BANK
- 4 - Payable Through Another Bank
- 5 - For _____
- ROUTING NUMBER: 021001082
- ACCOUNT NUMBER: 123 456 789
- CHECK NUMBER: 0101

1. ROUTING TRANSIT NUMBER - Here you would put "021001082"
2. ACCOUNT NUMBER - Here you would put "123-456-789". Note the use of the dash symbol. (Include dashes where the symbol  appears on the check or card.)
3. ACCOUNT TITLE (must include employee name)
4. FINANCIAL INSTITUTION NAME
5. If your check or sharedraft includes "payable through" under the bank name, contact the financial institution to help obtain the correct Routing Transit Number for Direct Deposit processing.

4. ALLOTMENT INFORMATION

ALLOTMENT TYPE

SAVINGS (If this option is checked, this will allow the specified allotment to be credited to an account owned by the payee.)

Savings allotments are limited to two. Savings allotments must be in whole dollar amounts (no cents). The dollar amount of allotments may not exceed the pay due an employee per pay period.

DISCRETIONARY OR THIRD PARTY (If this option is checked, this will allow the specified allotment to be credited to an account not owned by the payee.) Certain restrictions may apply as to the kind of allotments your agency will allow. Check with your agency to determine what kinds of allotments it will allow. ANY CHANGES TO THE ALLOTMENT INFORMATION FURNISHED ON THIS REQUEST MUST BE MADE USING A NEW FASTSTART FORM.

TYPE OF ACCOUNT (Put an "X" in the appropriate space to indicate a checking or savings account.)

ACTION (Put an "X" in the appropriate space to indicate start/cancel/change.)

AMOUNT (Put an "X" in the appropriate space to indicate if an allotment is an increase, decrease and always indicate \$ amount.)

ALLOTTEE'S ROUTING NUMBER: Enter person's/company financial institution 9-digit routing transit number.

ALLOTTEE'S ACCOUNT NUMBER: Enter the account number to which the allotment payment will be deposited.

ALLOTTEE'S ACCOUNT NUMBER: Enter account holder's name on the account at the financial institution.

FINANCIAL INSTITUTION NAME: Enter the name of the financial institution to which the payment should be sent.

5. AUTHORIZATION

Sign and date the request form after you have carefully read the instructions and Privacy Act Statement.

6. AGENCY USE (This space is reserved for agency use.)

CHANGES AND CANCELLATIONS - Contact your agency for instructions.