

**Supplemental Instructions  
DFAS R&A Pay**

**DD Form 2656-10  
SURVIVOR BENEFIT PLAN (SBP)/RESERVE COMPONENT (RC)  
SBP REQUEST FOR DEEMED ELECTION**

**When to use this form:**

The SBP Request for Deemed Election (DD2656-10) form should be used by former spouses of members wishing to make a claim for Survivor Benefit coverage under the member's retirement plan. In order to make such a claim successfully, in addition to filing the form, the former spouse must show the election is being made pursuant to a court order or an agreement previously made and ratified by a court order. In addition, this form must be filed within one year of the end of the former spouse's marriage with the member.

To complete the DD 2656-10, please follow the instructions below. Carefully read and complete all information as requested, and be sure to include any required documentation with your submission.

**Instructions by Section**

<b>Section</b>	<b>Instructions</b>	<b>Reminders and Tips</b>
<b>I</b>	Please complete Member's: 1. Name 2. Social security number 3. Branch of Service, a. Please indicate in #3(b) whether the member is currently Active Military, Reserve or National Guard 4. Is the member retired: a. Indicate Yes/No 5. Date of Retirement if Applicable	Please note, that the Member name must match name on court order or written agreement used in Section III
<b>II</b>	Please enter your: 6. Name 7. Social security number 8. Address and 9. Date of birth 10. Marriage history including: a. Date of your marriage to the member, b. Date of your divorce from the member c. Currently Married: i. Indicate Yes/No d. Date of Current Marriage if Applicable	Please note your name and date of the divorce must appear on the court order or agreement. The date of divorce must be within one year of filing this form.

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<b>III</b>	<p>Authority to Request Deemed SBP Election:</p> <p>11. Indicate Yes or No (if Yes provide applicable court order)</p> <p>12. Indicate Yes or No</p> <p>13. If Yes for #12:</p> <p style="padding-left: 20px;">a. Please indicate Yes or No</p>	<p>Please note that if you answer no to both 11 and 12, you are not eligible to request a deemed SBP election.</p>
<b>IV</b>	<p>14. If your child(ren) are covered in the court order or agreement, please list their:</p> <p style="padding-left: 20px;">a. Name(s)</p> <p style="padding-left: 20px;">b. Birth date(s)</p> <p style="padding-left: 20px;">c. Social security number(s)</p> <p style="padding-left: 20px;">d. Relationship(s) to the member</p> <p style="padding-left: 20px;">e. Disabled (Yes or No)</p> <p>15. Please use this space to provide any additional remarks</p>	<p>Please note the child(ren)'s name(s) must be contained in the court order or agreement and must be the result of the parties' marriage to one another.</p>
<b>V</b>	<p>16. Signature of Former Spouse</p> <p>17. Date of Signature</p>	<p>Please also note that an unsigned form is considered invalid, cannot be processed and will be returned. Forms without a date of signature are also invalid and will be returned.</p>

**Please return all documents to:**

Defense Finance and Accounting Service  
 Garnishment Operations Directorate  
 P.O. Box 998002  
 Cleveland, OH 44199-8002

Please direct questions to the address above or call our customer service representatives at 800-321-1080, between 8 a.m. and 5 p.m. Eastern Time, Monday through Friday.