



DEFENSE FINANCE AND ACCOUNTING SERVICE
RETIRED AND ANNUITY PAY

DESIGNATION OF BENEFICIARY FORM INFORMATION

The Designation of Beneficiary located on the reverse side of this form, needs to be completed and returned to:

Defense Finance and Accounting Service
US Military Retirement Pay
PO Box 7130
London KY 40742-7130

Entitlement to retired pay stops on the date of your death. Beneficiaries are persons or a person who should receive any retired pay you are owed when you die. By law, you may provide us with beneficiary information in one of two ways: Legal Order of Precedence or Designation of Beneficiaries. **You must elect EITHER Legal Order of Precedence OR Designation of Beneficiaries.** If you elect Legal Order of Precedence, the amount due will be paid to the surviving person(s) highest on the following list (1) your spouse; (2) your children and their descendants, by representation; (3) your parents, in equal parts, or if either is dead, the survivor; (4) the legal representative of your estate; and (5) persons entitled under the law of your domicile. If you want to elect Legal Order of Precedence, check the appropriate box in the TYPE OF ACTION block, leave the SHARE block(s) blank and complete the Beneficiary Name, Social Security Number (if available), Relationship and Address fields on the form.

If you want to elect the Designation of Beneficiaries option, you **must** list the beneficiaries you desire and the SHARE percentage to be paid to each person, and complete all other requested information. If you list more than one person with a 100% SHARE, we will pay in the order of the beneficiaries as you list them on the form. If you designate two beneficiaries, then the SHARE percentage must be 100% for both beneficiaries, or when you add the SHARE percentage in both blocks, the sum is equal to 100%. Similarly, if you designate three beneficiaries, then the SHARE percentage must equal one of the following combinations: 100% for each of the beneficiaries; or, if you designate 100% for one of the beneficiaries the sum of the SHARE percentage for the remaining two beneficiaries must equal 100%; or, the sum of the SHARE percentage for all three beneficiaries must be 1/3 each. If you designate beneficiaries, you should update your beneficiary information whenever there is a change in your marital status or whenever you choose different beneficiaries.

If you designate more than 5 beneficiaries, you must submit your beneficiary designation in a letter, signed and witnessed, to the return address listed above.

When you complete the form, you **must** enter your Social Security Number and sign the form. Also, you must have a witness who is not a designated beneficiary sign the form. **Forms that contain both TYPE OF ACTION blocks checked, no TYPE OF ACTION checked, incorrect SHARE percentages or forms that do not contain your Social Security Number, your signature and/or your witness's signature, will be returned to you unprocessed!**

DESIGNATION OF BENEFICIARY INFORMATION
(SEE ADDITIONAL INSTRUCTIONS ON REVERSE BEFORE COMPLETING THIS FORM
AFTER COMPLETING THIS FORM, MAKE A COPY FOR YOUR RECORDS)

| | |
|-----------------------|----------------------|
| RETIRED MEMBER'S NAME | RETIRED MEMBER'S SSN |
|-----------------------|----------------------|

TYPE OF ACTION: DESIGNATION OF BENEFICIARIES LEGAL ORDER OF PRECEDENCE
(CHECK ONE)

BENEFICIARY INFORMATION

| | | | |
|----------------|-----------|-----|--------------|
| SHARE % | FULL NAME | SSN | RELATIONSHIP |
| | ADDRESS | | |

| | | | |
|----------------|-----------|-----|--------------|
| SHARE % | FULL NAME | SSN | RELATIONSHIP |
| | ADDRESS | | |

| | | | |
|----------------|-----------|-----|--------------|
| SHARE % | FULL NAME | SSN | RELATIONSHIP |
| | ADDRESS | | |

| | | | |
|----------------|-----------|-----|--------------|
| SHARE % | FULL NAME | SSN | RELATIONSHIP |
| | ADDRESS | | |

| | | | |
|----------------|-----------|-----|--------------|
| SHARE % | FULL NAME | SSN | RELATIONSHIP |
| | ADDRESS | | |

| | |
|--------------------------|-------------------|
| RETIRED MEMBER SIGNATURE | DATE OF SIGNATURE |
| | |

TO BE COMPLETELY FILLED IN BY WITNESS

WITNESS SIGNATURE (other than designated beneficiary/Order of Precedence Person)

| | |
|------------------------|-------------------------------|
| WITNESS STREET ADDRESS | WITNESS CITY, STATE, ZIP CODE |
|------------------------|-------------------------------|