## **CERTIFICATE OF ELIGIBILITY**

LEGAL REPRESENTATIVE:	MBR: SSN: ANNT: SSN:
A Certificate of Eligibility (COE) is required annually receiving your annuity payments please COMPLET DFAS Retired and Annuitant Pay, 8899 E 56th Street questions, call toll-free at 1-800-321-1080 or use our	E, SIGN and RETURN this COE immediately to et, Indianapolis, IN 46249-1300. If you have any
Your marital status is required to update your account	nt. Please place an 'X' in the applicable box:
☐ I did not marry in the past year.	
☐ I married in the past year (please attach a copy of	f your marriage certificate).
fiduciary, or power of attorney) and the information	itant's) marital status or if I (the legal representative) DE is signed by a legal representative for the first
Signature:	Date:
Please check the appropriate boxes below.  IF YOU ARE THE ANNUITANT COMPLETING	IG THIS FORM, DO NOT CHECK THIS BOX:
☐ I am the legal representative for the annuitant	
☐ My (the annuitant's) address has changed	
New Street Address	
City, State, Zip Code	

**NOTE:** Penalty for presenting false claims or making false statements in connection with claims: Fine of not more than \$10,000 on imprisonment for not more than 5 years, or both (18 USC 1001). **PRIVACY ACT STATEMENT:** AUTHORITY 37 USC, Chapter 11, EO 9397, Nov 1943. **PRINCIPAL PURPOSE:** This information is used to determine the continued eligibility of the annuitant for annuity payments. **ROUTINE USES:** Records from this system of records may be disclosed to the Department of Veterans Affairs (VA). **DISCLOSURE:** Disclosure is voluntary; however, failure to provide information will result in suspension of annuity payments.