

CERTIFICATE TO ESTABLISH IDENTITY OF ANNUITANT

This will certify that I have examined the identification documents presented by the individual who was in possession of this form. I am satisfied that the person who appeared before me is:

Print Annuitant Name and SSN	
Current Mailing Address of Annuitant	
Certifying Officer: Print Nam	ne & Title
Organization:	Phone:
Name & Mailing Address	
X	Date:
Signature of Certifying Officer	
XSignature of Annuitant	Date:
PRIVACY ACT STATEMENT	
AUTHORITY: 10 USC, Chapters: 61, 63, 65, 57, 69 and 71; E.O. 9397, November 1943.	
PRINCIPAL PURPOSE: To obtain positive identification of annuitant and his/her mailing address.	
ROUTINE USES: DFAS-CL/RPA, Retired Pay Annuity Bran Defense Finance retired pay system of records and is subject t	
DISCLOSURE IS VOLUNTARY. Information must be provided before annuity due can be disbursed.	
Notice to Certifying Officer: Please complete and mail this certificate directly to:	

DFAS-CL/RPA U.S. MILITARY ANNUITANT PAY 8899 E 56th Street Indianapolis, IN 46249-1300