# ARPC - INSTRUCTIONS ON HOW TO COMPLETE THE DD2656, DATA FOR PAYMENT OF RETIRED PERSONNEL (VERSION MARCH 2022)

#### **PART I-RETIRED PAY INFORMATION**

#### SECTION I-PAY IDENTIFICATION

Block 1-3: Self-explanatory

**IMPORTANT Block 4**: This is the date your retired pay will begin

- Age 60/RRPA: This is the date the member turns 60 or has a "confirmed" reduced retired pay date.
- Regular (Active Duty/AGR/20 years TAFMS) Retirement Members: Regular retirements must fall on the <u>first of the month</u>
- Block 5: Member's Rank/Paygrade; rank is the highest grade satisfactorily held

Block 6: Branch of Service

## Block 7: MEMBER OR FORMER MEMBER OF THE: Reserve Component

- Regular Retirement: Active Duty/AGR/20 Years TAFMS
- > Non-Regular Retirement: Age 60/RRPA members
- Block 8: See the Instructions Section of the DD2656

**Block 9:** All correspondence will be sent to the address you provide until a change is submitted. Telephone and/or email will be used if additional information is required to establish your retired pay account. It is important to include your telephone number with area code and/or valid email with preferred method of contact.

SECTION II-DIRECT DEPOSIT/ELECTRONIC FUND TRANSFER (DD/EFT) INFORMATION

**Block 10-13a-e:** This is the financial institution where you want your retired pay sent. Ensure to annotate account type/routing number/account number. Regular and non-regular retirement members will both complete Section II (block 10-13 a-e).

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Note: The "ACTIVE DUTY ONLY" box does not apply. If you are a member of the Air Force Reserve or Air National Guard, **you must complete this section** since your retired pay will be dispersed from a different account than your Reserve or guard pay. Your retired pay cannot be established without this information.

#### SECTION III: SEPARATION PAYMENT INFORMATION

**Block 14 a-b:** If the answer in 14a is "no", go to Section IV. If Separation Payment was received, please provide a copy of the orders **AND** a copy of the DD214. Notate the gross amount in 14b.

#### SECTION IV: DEPARTMENT OF VETERANS AFFAIRS (VA) DISABILITY COMPENSATION INFORMATION

**Block 15 a-d:** If you are receiving VA compensation, you must report it in this section. If the answer is "no" in 15b, go to Section V. If the answer is "yes" in 15b, complete 15c and 15d.

SECTION V-DESIGNATION OF BENEFICIARIES FOR UNPAID RETIRED PAY

**Block 16:** See DD2656 "Beneficiary or Beneficiaries Information" explanation. Only check the box if you are electing your spouse as 100% beneficiary. If one, or more than one beneficiary is listed below, ensure the Share % equals 100%.

# SECTION VI-FEDERAL INCOME TAX WITHHOLDING INFORMATION

**Block 17-23:** complete items in 17-23 in lieu of IRS Form W-4 for tax purposes. Please refer to the following IRS link for withholding questions: https://www.irs.gov/forms-instructions

#### SECTION VII-VOLUNTARY STATE TAX WITHOLDING INFORMATION

Block 24-26 a-d: Complete only if monthly "state tax" withholding is desired.



# PART II-LUMP SUM ELECTION

DO NOT COMPLETE PART II. ONLY APPLIES TO BLENDED RETIREMENT SYSTEM MEMBERS.

# PART III-SURVIVOR BENEFIT PLAN

#### SECTION IX-DEPENDENCY INFORMATION

**BLOCK 31-34 a-e:** This section must be completed regardless of SBP election. If you are married, complete 31-33. If no spouse enter N/A. If you have dependent children, complete item 34 a-e. If no dependent children, enter N/A.

#### SECTION X-SURVIVOR BENEFIT PLAN (SBP) ELECTION

\*You should consult a Survivor Benefit Plan counselor before making an election.\*

#### BLOCK 35:

- AGE 60/RRPA Members: This section refers to the decision previously made on the DD Form 2656-5. See additional information on the Instructions Section of the DD2656.
  - In most cases, you do not have the right to make new election on this form. If you do not know your current election decision, please contact the Total Force Service Center at 1-800-525-0102 or initiate a MyFSS Incident for ARPC Entitlements Branch.
- Regular (Active Duty/AGR/20 years TAFMS) Retirement Eligible Members: DO NOT COMPLETE BLOCK 35 – THIS SECTION ONLY APPLIES TO AGE 60/RRPA RETIREMENTS.
  - For Active Guard/Reserve and Full Time Support with a Regular Retirement, DO NOT enter an election on number 35. You will need to make your SBP election choice on 36 and 37 as applicable.



# IMPORTANTBLOCK 36-37:

- AGE 60/RRPA Members- Only complete Block 36-37 if Block 35's election is <u>Option A</u>. Check only one per block. See the Instructions Section of the DD2656 for additional information.
- Regular (AD/AGR/20 years TAFMS) Retirement Members: If you are a Regular Retirement member, you need to make an election on 36 and 37. Check only one per block. See the Instructions Section of the DD2656 for additional information.

\*If a member is <u>married</u> and elects:

- (a) child only SBP coverage,
- (b) does not elect full spouse SBP coverage, or
- (c) declines SBP coverage

then the spouse's signature on <u>Part V-Spouse SBP Concurrence</u> is required.

**Block 38:** Check only if you intend to designate a special needs trust (SNT) as beneficiary for a child/children in Item 34 as disabled. You must either elect 36b, 36c, or 36f to be eligible to designate a SNT. See DoDI 1332.42 for procedures for designating a SNT.

**Block 39a-j:** See the Instructions Section of the DD2656 prior to completing this section. **DO NOT** complete if you have an *ELIGIBLE SPOUSE OR FORMER SPOUSE*.

Block 40a-h: Complete only if you have a former spouse.

# **PART IV-CERTIFICATION**

**Block 41a-c:** Member's name, signature, and date signed is <u>required</u>. The date signed must be before the date of retirement listed in Part I, Section I, Item 4. The date the member signs will be the same date the witness signs.

**Block 42a-h:** Witness signature is required and must be dated on the **same date** the member signs the form. A witness **cannot be** a spouse or dependent child or any other beneficiary listed in Sections V, IX, or X.

The witness can be anyone who does not have an insurable interest. It does not have to be a notary public. Forms cannot be signed more than a year out from the requested retirement date. DFAS <u>will not</u> accept a DD2656 without proper signatures.



# PART V-SPOUSE CONCURRENCE

**Block 43a-e:** Spouse's signature is <u>only</u> required if any of the mentioned conditions exist on **Block 36-37**: (a) child **only** SBP coverage,

(b) does not elect full spouse SBP coverage, or

(c) declines SBP coverage

**IMPORTANT** Spouse's notarized signature in Block 43d <u>"MUST NOT</u>" be before the date of the member's signature on Block 41c, or on or after the date of retirement listed in Part I, Section I, Block 4. Block 44: Notary witness information is required <u>only</u> if SBP Concurrence is required.

JOHN Q. SAMPLE NOTARY PUBLIC STATE OF COLORADO NOTARY ID 20121234567 MY COMMISSION EXPIRES AUGUST 8, 2016

