

# Form 1174 Retiree AOP Claimant Checklist

(SF 1174 - Claim for Unpaid Compensation of Deceased Member of the Uniformed Services)

This form is used to claim a military retiree's Arrears of Pay (the pro-rated amount of the retiree's final month's pay and any back pay owed at the time of death). This checklist is designed for use by the **spouse (widow or widower) and/or children** of a deceased military retiree. Other claimants should follow the relevant instructions on the Claim Arrears of Pay Using the 1174 webpage referenced below.

Additional help in filling out the SF 1174, including a Form Wizard and a how-to video, is available on the Claim Arrears of Pay Using the 1174 webpage at:

<https://www.dfas.mil/retiredmilitary/survivors/1174RetireeAOP>

## Quick Tips

1. To avoid delays, make sure your form is:
  - ✓ **Signed and dated by the claimant(s)**
  - ✓ **Complete, including the claimant(s) SSN in Part A/box 1**
  - ✓ **Signed by two witnesses**
  - ✓ **Sent with supporting documents**
2. The claimant(s) is the living beneficiary. Up to two claimants may be included on one form. Please fill out a separate form for additional claimants if there are more than two claimants.

## Supporting Documents Required

- \* Death Certificate - Must include cause of death
- \* DD Form 2790 (Custodianship Certificate of Minor Child) - Only needed if a claimant is a minor (under age 18)

## Filling out the Form

### Part A:

- #1 Enter the claimant(s) name and claimant(s) social security number(s)
- #2 Enter the claimant's relationship(s) to the deceased retiree
- #3 If either claimant is a minor, enter the age of the minor claimant(s) here. Otherwise, leave this area blank.
- #4 Answer Yes or No: Did the retiree designate a beneficiary for Arrears of Pay with their branch of service/the Defense Finance and Accounting Service? If unknown, leave blank.
- #5 Answer Yes or No: Is the claimant(s) a designated beneficiary for Arrears of Pay? If unknown, leave blank. If answer is no or unknown, and claimant is not the spouse, fill out Part C completely (see next page).
- #6 Enter the state of legal residence of the claimant(s)
- #7 Enter the name, rank or rating, and social security number of the deceased retiree. The service number is no longer needed.
- #8 Enter the date the retiree died
- #9 Enter the name of the branch of service of the deceased retiree: Army, Marine Corps, Navy, or Air Force
- #10 Leave this box blank

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## Filling out the Form - continued

### Part B: Complete Part B only if claimant is the spouse (widow or widower) of the deceased retiree

- Answer Yes or No: Were you married to the deceased at the time of death?

### Part C: If claimant is not the spouse (and is not certain of Arrears of Pay beneficiary designation), fill out Part C

- List the name, social security number, age, relationship, and address of survivors of the retiree in the order listed on the form

### Part D: Fill out if claiming as the Executor of Estate

- If Executor, provide EIN for estate and copy of court-ordered executor or administrator paperwork

### Part E: Skip this section. It is no longer used.

### Signature Section - Important: Remember to sign your form!

- Claimant(s) should SIGN and DATE, list street address, and city/state/zip

### Witness Section - Two witnesses are required

- Write claimant's name(s) on the line
- If more than one claimant, both must SIGN and DATE in the presence of the two witnesses
- Both witnesses must SIGN and provide the following: street address, city, state, and zip code

## Submitting Your Claim

Send your completed form and documents (keep a copy of your signed form):

### Online upload:

Upload a PDF of your completed/signed form and supporting documents via the AskDFAS online upload tool on DFAS.mil (this link is case-sensitive):

<https://go.usa.gov/xVVAQ>

### Or mail to:

Defense Finance and Accounting Service  
U.S. Military Retired Pay  
8899 E 56th Street  
Indianapolis, IN 46249-1200

### Or fax to:

800-469-6559

## Reminders

- Is your form signed and dated by the claimant(s) and two witnesses?
- Is your form complete, including the claimant(s) SSN in Part A/box 1?
- Did you include supporting documents: Death certificate? DD Form 2790, if needed?