



DEFENSE FINANCE AND ACCOUNTING SERVICE

Retired and Annuitant Pay
8899 E. 56th Street
Indianapolis, IN 46249-1300
www.dfas.mil/retiredmilitary

ANNUITANT CERTIFICATE OF ELIGIBILITY (COE)

Member Name (Required): _____

Member SSN (Required): _____

Annuitant Name (Required): _____

Annuitant SSN (Required): _____

Dear Annuitant:

Our records indicate that you are a current Survivor Benefit Plan (SBP) annuitant because of your relationship to the deceased military member identified above. Under the law governing the SBP, an annuity may be paid to an eligible surviving spouse, surviving former spouse or a surviving child. Marriage or remarriage after the death of the member identified above may affect your eligibility. Annuitants are therefore required to recertify their continued eligibility annually.

To ensure that you continue to receive your annuity without any interruption, it is necessary that you please **COMPLETE, SIGN and RETURN this COE immediately** to DFAS Retired and Annuitant Pay, 8899 E 56th Street, Indianapolis, IN 46249-1300 or use our toll free FAX 1-800-982-8459.

Complete the section below and sign in the block that pertains to your individual circumstances (i.e. Annuitant or Legal Representative). If you have questions, call toll-free at 1-800-321-1080.

Annuitant relationship to member noted above - Check one

- Surviving Spouse Surviving Former Spouse Surviving Child (regardless of age)

Annuitant's date of birth (MM/DD/YYYY): _____

Provide annuitant's current marital status (check one) and provide supporting documentation if requested:

- The annuitant did not marry after the death of the military member noted above.
 The annuitant is currently married* and annuitant's age on the date of that marriage was _____.
 The annuitant married* after the death of the military member noted above. The marriage has since ended due to annulment, death or divorce. The annuitant's age on the date of the marriage was _____.

***IMPORTANT:** When submitting this COE, please send DFAS a copy of all marriage certificates, divorce orders, annulment orders, or death certificates **not previously provided** to DFAS.

If the mailing address of the annuitant (or legal representative of the annuitant) has changed, please provide the new address below:

Name: _____

Street Address: _____

City: _____ State/Province _____

Zip/Country Code: _____ Country (if not US): _____

Complete only box A or B below.

A) If you are the ANNUITANT completing this COE please certify and sign here:	
1. Certification. I certify that I am the annuitant and the information above is correct. I am providing a copy of all marriage certificates, divorce orders, annulment orders, or death certificates not previously provided to DFAS. I will promptly notify DFAS, at the above address, if any changes occur in my marital status.	
Signature of annuitant:	Date (MM/DD/YYYY):

B) If you are the Parent/Guardian (or Legal Representative) of a Minor CHILD or Legal Representative of an INCAPACITATED annuitant (regardless of age) please certify and sign here:	
1. Check the box that applies: <input type="checkbox"/> I am the parent/guardian (or legal representative) of the minor child annuitant identified above. <input type="checkbox"/> I am the legal representative of the <u>incapacitated</u> annuitant identified above.	
2. Parent/guardian or legal representative name: _____ EIN, if applicable: _____	
3. Certification. I certify that: I am the parent/guardian or legal representative of the above child or incapacitated annuitant and the information above is correct. I am providing a copy of all marriage certificates, divorce orders, annulment orders, or death certificates not previously provided to DFAS. I will promptly notify DFAS, at the above address, if any changes occur in the annuitant's marital status or if I have knowledge that the annuitant is deceased.	
If this COE is signed by a legal representative for the first time , a photocopy of the legal document or order granting the authority to act on the annuitant's behalf must be attached.	
Signature of parent/guardian or legal representative of annuitant:	Date (MM/DD/YYYY):

NOTE: By providing your signature you are certifying that all information provided is true and correct to the best of your knowledge and belief. You further agree to return all overpayments of benefits to which you are not entitled under the law. Any intentionally false statement, willful concealment of material fact, or use of a writing or document knowing the same to contain a false, fictitious, or fraudulent statement or entry, is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001).