

**DEPARTMENT OF DEFENSE**

**DEFENSE FINANCE AND ACCOUNTING SERVICE**

**OFFICIAL BUSINESS**

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**CERTIFICATE OF EXISTENCE**

Please PRINT requested information.

FULL NAME OF RETIREE (LAST, FIRST, MI)

SOCIAL SECURITY NUMBER

RECIPIENT'S NAME (IF DIFFERENT THAN ABOVE)

NUMBER, STREET, RFD, APT. NUMBER

CITY, POSTAL CODE, COUNTRY

REMARKS

SIGNATURE OF RETIREE

DATE