

DFAS Form 9415 Checklist

(DFAS 9415 - Representative Payee Certification)

The DFAS Form 9415 is used request authority to claim annuity payments on behalf of a mentally incompetent or legally disabled annuitant in lieu of a court appointed guardian, conservator or fiduciary.

This checklist is designed for use by the representative payee applicant on behalf of the annuitant.

Additional help in filling out the DFAS 9415 Form, including a how-to video, is available on the Retired and Annuitant Pay Forms webpage at www.dfas.mil/retiredmilitary/forms

Quick Tips

1. To avoid delays, make sure your form is:
 - ✓ **Signed and dated by the representative payee applicant and two witnesses**
 - ✓ **Complete, including social security numbers for the annuitant and the representative payee applicant**
 - ✓ **Sent with supporting documents**
2. If the applicant is an organization, a named person from that organization must provide his/her name and SSN.

Supporting Documents Required

- * Incompetency Documentation - If the annuitant has been determined to be incompetent to manage financial affairs, please attach the determination of incompetency from a state court, physician or psychologist.
- * Trust Agreement - If representative payee is the trustee of a trust for benefit of the annuitant, please provide a copy of the trust agreement designating the representative payee as the individual who is to receive payments on behalf of the annuitant.

Filling out the Form

Part I: Representative Payee Applicant/Annuitant Information

- 1. Enter the annuitant's full name (Last, First, Middle Initial)
- 2. Enter the annuitant's social security number
- 3. Enter the representative payee applicant's full name and social security number
- 4. Enter the representative payee applicant's relationship to the annuitant
- 5. Enter the representative payee applicant's correspondence (mailing) address
- 6. Enter the representative payee applicant's telephone number

Part II: If the annuitant has been determined to be incompetent to manage financial affairs, please attach the determination of incompetency from a state court, physician or psychologist.

Part III: If representative payee applicant is the trustee of a trust for benefit of the annuitant, please provide a copy of the trust agreement designating the representative payee as the individual who is to receive payments on behalf of the annuitant.

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Filling out the Form - Continued

Part IV: Certification

- 7. Enter representative payee applicant's signature and the date
- 8. Enter first witnesses' signature and the date
- 9. Enter second witnesses' signature and the date

Submitting Your Claim

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

Mail to:

Defense Finance and Accounting Service
U.S. Military Annuitant Pay
8899 E 56th Street
Indianapolis, IN 46249-1300

Or fax to:

800-982-8459

Reminders

- Is your form signed and dated by the representative payee applicant and two witnesses?
- Is your form complete, including social security numbers of the annuitant and the representative payee applicant?
- Did you include supporting documents?
 - ✓ Incompetency documentation, if needed?
 - ✓ Trust agreement, if needed?