

## How-To Checklist for the Special Eligibility Packet: 2023 Optional Child Annuity Reversion to the Surviving Spouse

The SBP-DIC Offset Phased Elimination, set out in the National Defense Authorization Act for Fiscal Year 2020, repealed the authority for the Optional Annuity for Dependent Children for Active Duty/Line of Duty survivors as of January 1, 2023.

This means for the surviving spouse of an Active Duty/Line of Duty member who requested to have the Survivor Benefit Plan (SBP) annuity paid directly to an eligible dependent child or children, the annuity will revert to the surviving spouse in 2023 (if she or he submits documentation and is eligible).

This checklist is designed for use by the surviving spouse (widow or widower) of a service member who died on active duty or on inactive duty in the line of duty after October 7, 2001 and who previously requested the Optional Annuity for Dependent Children.

The checklist will help you fill out the Special Eligibility Packet so we can provide you with the assessment of your SBP eligibility in advance of the January 2023 reversion date.

If you have special circumstances, please check our webpage for additional information:  
<https://www.dfas.mil/sbp2023childoptrev>

### Quick Tips

1. To avoid delays, make sure your forms are:
  - ✓ **Signed and dated by the claimant (the surviving spouse).** If signed by someone on behalf of the spouse, supporting documentation is required.
  - ✓ **Complete, including:**
    - \* **SSNs** (Or EINs or TINs, if relevant)
    - \* **Date of birth, mailing address, and country of citizenship of surviving spouse**
    - \* **Date of marriage to deceased member**
2. The claimant must be the surviving spouse.
3. Upload a PDF of your completed/signed documents via the **online upload tool** (this link is case-sensitive): <https://go.usa.gov/xMF3V>

### Documents Needed

- ✓ **2656-7 Verification for Survivor Annuity special form** (please note: you can disregard sections 4, 5 and 6 on the regular 2656-7 form, so they have been removed from the special version in the eligibility packet); and
- ✓ **Certificate of Eligibility (COE) for Surviving Spouse** (remember to include photocopies of marriage/death/divorce certificates where requested and write the member's name and SSN on the photocopy); and
- ✓ **Direct Deposit form 1059**; and
- ✓ **IRS W-4P Withholding Certificate for Pension or Annuity Payments**

### Additional Documents - Required Only in Special Circumstances

- **IRS Form W8-BEN** - Only needed if the claimant is a nonresident alien and their country of citizenship has a tax treaty with the United States
- **Legal Representative Documentation** - Only needed if someone signs on behalf of the claimant. Supporting documentation such as a General Power of Attorney, Guardianship, or Representative Payee **must be included**. Please see our Powers of Attorney/Third Party Representatives for Annuitants webpage for instructions:  
<https://www.dfas.mil/RetiredMilitary/survivors/Powers-of-Attorney-Third-Party-Reps-Annuitants>

## How-To Checklist for the Special Eligibility Packet: 2023 Optional Child Annuity Reversion to the Surviving Spouse

### Filling out the DD Form 2656-7 - Verification for Survivor Annuity

#### Part 1: Enter the deceased military member's information

- ☐ a. Name of deceased member
- ☐ b. Social security number of deceased member
- ☐ c. Date of birth of deceased member
- ☐ d. Date of death of deceased member
- ☐ e. Enter the name of the branch of service of the deceased member: Army, Marine Corps, Navy, or Air Force
- ☐ f. Enter the deceased member's rank or rate

#### Part 2: Enter the claimant's information

- ☐ a. Name of claimant
- ☐ b. Social security number of claimant (or TIN or EIN, if relevant)
- ☐ c. Date of birth of claimant
- ☐ d. Telephone number of claimant
- ☐ e. Country of citizenship of claimant
- ☐ f. Check the box if the claimant is a nonresident alien
- ☐ g. Select the type of benefit claimed: If you are unsure, select Survivor Benefit Plan (SBP)
- ☐ h. Select the claimant's relationship to the deceased member: spouse
- ☐ i. Enter the claimant's correspondence (mailing) address

#### Part 3: Answer the questions, Yes or No, and provide information requested

- ☐ a. Answer Yes or No: Was the claimant legally married to the deceased member on the date of death? (1) If yes, enter date of marriage. (2) If no, enter date of divorce.
- ☐ b. Answer Yes or No: Does the deceased member have children under the age of 23 or children that are incapacitated? If yes, enter (1) name(s), (2) SSN(s), and (3) date(s) of birth.
- ☐ c. Answer Yes or No: Is the claimant receiving any other annuity paid by DFAS based on the military record of any other deceased military service member (for example, benefits from a former spouse)? If yes, enter the deceased military member's information: (1) name, (2) SSN, (3) Type of benefit: SBP or RSFPP, and (4) monthly benefit amount.

#### Part 4: Do not fill out (deleted from special version)

#### Part 5: Do not fill out (deleted from special version)

#### Part 6: Do not fill out (deleted from special version)

#### Part 7: Important - Remember to sign and date your form!

- ☐ The claimant or their authorized representative must SIGN in box (a) and DATE in box (b). If signed by a legal representative, legal documents must be included. See page 1 for information.

Remember: You can upload a PDF of your completed/signed documents via the **online upload tool on DFAS.mil** (this link is case-sensitive): <https://go.usa.gov/xMF3V>

## How-To Checklist for the Special Eligibility Packet: 2023 Optional Child Annuity Reversion to the Surviving Spouse

### Filling out the Certificate of Eligibility (COE) for Surviving Spouse

- ☐ 1. Fill in deceased Member's first and last name
- ☐ 2. Fill in deceased Member's Social Security number
- ☐ 3. Fill in your/Surviving Spouse's first and last name
- ☐ 4. Fill in your/Surviving Spouse's date of birth (use two-digit month/two-digit day/four-digit year)
- ☐ 5. Fill in your/Surviving Spouse's Social Security number (or TIN or EIN, if relevant)
- ☐ 6. Place an 'X' in the applicable box(es): A, B, and/or C; and
- ☐ If you chose "B. I am currently married\*" fill in your age on the date of marriage and include a **photocopy of the marriage certificate with this COE**. Please write the name and Social Security Number of the member on the top or bottom of the photocopy.
- ☐ If you chose, "C. I married\* after the death of the military member noted above. The marriage has since ended due to annulment, death or divorce," fill in your age on the date of marriage and **include a photocopy of the marriage certificate and divorce order, annulment order, or death certificate with this COE**. Please write the name and Social Security Number of the member on the top or bottom of the photocopy.
- ☐ 7. **Remember to sign and date your form! If you are the Surviving Spouse, sign and date in 7A.** You do NOT need to send Page 2 of this form with your signed packet.
- ☐ **OR**, if you are the Legal Representative of an incapacitated surviving spouse, you must include Page 2 of this form. Sign and date in 7B and include legal documentation. Supporting documentation such as a General Power of Attorney, Guardianship, or Representative Payee **must be included**. Please see our Powers of Attorney/ Third Party Representatives for Annuitants webpage for instructions:  
<https://www.dfas.mil/RetiredMilitary/survivors/Powers-of-Attorney-Third-Party-Reps-Annuitants>  
*Note: Remember to fill in the Member's last name and Social Security Number at the top of Page 2.*

Remember: You can upload a PDF of your completed/signed documents via the **online upload tool on DFAS.mil** (this link is case-sensitive): <https://go.usa.gov/xMF3V>

## How-To Checklist for the Special Eligibility Packet: 2023 Optional Child Annuity Reversion to the Surviving Spouse

### Filling out the Direct Deposit Form 1059

#### Section I - Recipient Information

- ☐ Fill in your social security number (or TIN or EIN, if relevant)
- ☐ Fill in the member's social security number
- ☐ Fill in your name: Last, First, Middle Initial
- ☐ Fill in your home telephone number or your mobile phone number
- ☐ Fill in your work telephone number, if it is different than the phone number above

#### Section II - Account Information

- ☐ Choose the type of account for your direct deposit, either checking or savings, by putting an "x" in the appropriate box. **Note: if you select a checking account, a photocopy of a voided personal check or sharedraft must be included with your form.** Please write the name and SSN of the member on the photocopy.
- ☐ Choose the type of payment: Put an "x" on the line next to "SBP"
- ☐ Routing transit number: Fill in your financial institution's 9-digit routing transit number. See the illustration on the form instructions.
- ☐ Account number: Fill in the account number. See the illustration on the form instructions.
- ☐ Account title (account holder's name): Fill in the name of the person on the account.
- ☐ Financial institution name and address: Fill in the name and address of the financial institution.

#### Section III - Authorization - Remember to sign and date your form!

- ☐ The claimant or their authorized representative must SIGN and DATE. If signed by a legal representative, **legal documents must be included.** See page 1 for information.

### Submitting Your Eligibility Package

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

#### 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/xVutz>

#### Or mail to:

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

#### Or fax to:

1-800-982-8459

Jun2022