



DEFENSE FINANCE AND ACCOUNTING SERVICE

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

DOC: DEPREV

Dear

Why we are writing

We are writing regarding the change to the Survivor Benefit Plan (SBP) Optional Annuity for Dependent Children and the reversion of SBP annuity payments to eligible surviving spouses in 2023. Congress recently enacted significant changes to the SBP program that may enhance this benefit for you as the surviving spouse, but first we need to verify your eligibility for the program.

Our records show that when your spouse died, an election was made to pay the SBP annuity to the surviving child/children. Changes in the law, effective January 1, 2023, direct the SBP annuity to be paid to the member's surviving spouse, if eligible, instead of the child(ren).

This packet includes the documents we need you to fill out and return. These documents will help us determine your eligibility for SBP annuity payments and set up your account to begin your payments (if you are eligible). See the information on the next page.

What you need to know

The Department of Defense Survivor Benefit Plan (SBP) provides financial support to military spouses and/or children when a military member dies on active duty or inactive duty in the line of duty. The Survivor Benefit Plan (SBP) provides eligible beneficiaries with a monthly payment known as an annuity. The recipient of an SBP annuity is referred to as the annuitant. The annuitant may be a surviving spouse or surviving child (but not both).

Until January 1, 2023, when a service member died on active or inactive duty in the line of duty, the surviving spouse could request to have the SBP annuity paid directly to an eligible dependent child or children. This was called the "Optional Annuity for Dependent Children." The option was available because until recently, there was a requirement for a spouse's SBP payments to be offset (reduced) by the full amount of the spouse's Dependency and Indemnity Compensation (DIC) payment from the Department of Veterans Affairs (VA). Payments to the surviving child were often considered a more favorable option because SBP paid to a child was **not** required to be offset (reduced) by the DIC payment.

The National Defense Authorization Act (NDAA) for Fiscal Year 2020 modified the law that required an offset of SBP payments for surviving spouses who are also entitled to DIC payments from the VA. It directed a phase-out period that eventually eliminated the entire offset (reduction). Beginning on January 1, 2023, surviving spouses can receive full SBP payments from DoD/DFAS in addition to their full DIC payments from the VA.

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Note: Please return a copy of this page with your documents.

The NDAA for Fiscal Year 2020 also directed that as of January 1, 2023, the Optional Annuity for Dependent Children was eliminated and the SBP annuity payment must revert to the surviving spouse (if the surviving spouse submits documentation confirming eligibility).

If you remarried after the death of the member (before age 55), you may not be eligible for the SBP annuity. We must receive a reply from you, **even if** you believe you may not be eligible due to remarriage. If we have the documentation to make a determination that you are not eligible, we can pay the annuity to an eligible child, even after January of 2023. However, if we do not receive documentation allowing us to confirm you are not eligible, the child annuity payments **were suspended** as of January 2023 and will remain suspended until we receive the documentation. Therefore, we ask that you complete and submit the attached documents even if you believe you may not be eligible for the SBP annuity.

Once we receive your documents, we anticipate that we will be able to provide you with the results of our review within 60-90 days of receiving all of the required information.

Please SBP benefits are paid on the first day of the following month. Also, in most instances, SBP annuity payments are subject to federal taxes. State and local taxes vary. We are not able to withhold state or local taxes from SBP payments.

What you need to do

Please fill out, sign and return the following **four** enclosed documents as soon as possible, **along with a copy of the first page of this letter**: (1) DD Form 2656-7 Verification for Survivor Annuity; (2) Annuitant Survivor Benefit Plan Marital Status Update; (3) Direct Deposit Authorization; and (4) IRS W-4P Withholding Certificate for Pension or Annuity Payments. Please submit the documents as soon as possible.

We have enclosed instructions to guide you in filling out the forms and sending your documents. We also have a helpful Form Wizard for the DD 2656-7, a helpful how-to checklist, and options for submitting your documents online. Please see our special webpage: www.dfas.mil/sbp2023childoptrev.

If you have questions

There is additional information and explanation on our special focus webpage:
www.dfas.mil/sbp2023childoptrev

If the webpage does not answer your question, you may write us at the address above, fax toll-free: 1-800-982-8459, or call our customer care center at 317-212-0551 or toll-free 1-800-321-1080. If you call the customer care center, please identify yourself as a surviving spouse with an optional dependent annuity.

Sincerely,
Retired and Annuitant Pay

Enclosures: Instructions, DD2656-7, Annuity SBP-MSU, Direct Deposit Authorization, W4P

INSTRUCTIONS - Please use the instructions below that fit your individual situation.

Situation One

If you are the surviving spouse of a service member who died on active duty or on inactive duty in the line of duty and you previously requested the Optional Annuity for Dependent Children, you may be eligible to begin receiving SBP annuity payments directly (without offset) after the January 1, 2023 effective date. We need the following documents to determine your eligibility.

Please **fill out, sign, date and return** the following **four** enclosed documents as soon as possible:

(1) 2656-7 Verification for Survivor Annuity form - **signed and dated on Page 2 of the form** (please note: you can disregard sections 4, 5 and 6 on the 2656-7 form, so they have been removed on the enclosed special version); and

(2) Survivor Benefit Plan Marital Status Update; and

(3) Direct Deposit Authorization; and

(4) IRS W-4P Withholding Certificate for Pension or Annuity Payments.

Please note: If you are the surviving spouse and you are not a US citizen or you are using an international bank, we will need additional documentation from you. Please see the webpage for special instructions:

<https://www.dfas.mil/sbp2023childoptrev>

We have a helpful Form Wizard for the 2656-7 form, a helpful how-to checklist, and options for submitting your documents online. See the Helpful Tips and Tools on the next page.

Situation Two

If you are the surviving spouse of a service member who died on active duty or on inactive duty in the line of duty and you previously requested the Optional Annuity for Dependent Children, and you believe you may NOT be eligible for the SBP annuity payments because you remarried after the death of the member and before age 55, we DO need the following documents to determine your eligibility.

Please **fill out, sign, date and return** the following **two** of the enclosed documents as soon as possible, **along with supporting documents referred to on the COE**. You do **not** need to fill out and return the W4P or the Direct Deposit form 1059 at this time.

(1) 2656-7 Verification for Survivor Annuity form (please note: you can disregard sections 4, 5 and 6 on the 2656-7 form, so they have been removed from the enclosed special version); and

(2) Survivor Benefit Plan Marital Status Update (**remember to include supporting documents**)

If your marital status changes, please notify us promptly, so we can re-determine your eligibility at that time.

We have a helpful **Form Wizard** for the 2656-7 form, a helpful **how-to checklist**, and **options for submitting your documents online**. Also, see the **Helpful Tips and Tools on the next page**.

Situation Three

If you are not the surviving spouse, and the surviving spouse has passed away:

To document a surviving spouse as deceased, we need a **photocopy** of the certified death certificate **showing the cause of death**. Please **write the deceased service member's Social Security Number** on the top of a photocopy of the spouse's certified death certificate and **include a photocopy of the first page of the cover letter in this package** with the **photocopy** of the spouse's death certificate, **as well as a note with your full name and phone number and relationship to the deceased**. They can be either mailed, faxed or uploaded online as PDFs via the askDFAS online upload tool on our website. See the next page for information.

HELPFUL TOOLS AND TIPS

Helpful Tools

- Use our **2656-7 Form Wizard** to help you fill out the 2656-7 form easily and correctly, which also lets you electronically sign the form! See: <https://www.dfas.mil/sbp2023childoptrev>
- Or download a special **How-To Checklist** from: <https://www.dfas.mil/sbp2023childoptrev>
- Upload a PDF of your completed/signed documents via the **online upload tool**. See instructions at: <https://www.dfas.mil/sbp2023childoptrev>
- Once we complete work on your documents, we will send you a postal letter with the eligibility determination and additional information.

Tips

- You can **disregard** sections 4, 5 and 6 on the 2656-7 form (they have been removed from the enclosed special version; that is why there are blank spaces). They are not applicable in this situation.
- Remember to sign and date your documents, especially Page2 of the 2656-7! We are unable to process documents without a signature.
- Keep a copy of your completed/signed documents.
- There is additional information and explanation on our special focus webpage: <https://www.dfas.mil/sbp2023childoptrev>

Submitting Your Documents

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

Online upload:

Upload a PDF of your completed/signed documents via the askDFAS online upload tool on DFAS.mil. See instructions at: <https://www.dfas.mil/sbp2023childoptrev>

Or mail to:

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

Or fax toll-free to: 1-800-982-8459

Additional Reminders

- Please remember to **update us** if your mailing address, direct deposit, or marital status changes.
- SBP benefits are paid on the first business day of the following month.
- SBP payments are subject to federal taxes. State and local taxes vary. We are not able to withhold state or local taxes from SBP payments. Please consult a tax advisor about your state and/or local income tax requirements for SBP payments.

VERIFICATION FOR SURVIVOR ANNUITY - SPECIAL

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. Chapter 73, subchapters II and III Survival Benefit Plan; DoD Instruction 1332.42, Survivor Annuity Program Administration; and E.O. 9397 (SSN), as amended. **PRINCIPAL PURPOSE(S):** Used by the surviving spouse to verify eligibility for an annuity under the Retired Serviceman's Family Protection Plan (RSFPP), Survivor Benefit Plan (SBP), and/or Reserve Component Survivor Benefit Plan (RCSBP).

ROUTINE USE(S): The System of Record Notice (SORN) T7347b is published at: <https://www.federalregister.gov/documents/2009/01/07/E9-41/privacy-act-of-1974-systems-of-records>

DISCLOSURE: Voluntary; however, failure to provide identifying information may delay the verification process and any subsequent payment.

INSTRUCTIONS

Please verify that the information provided below is correct. Please provide any missing information and line through and correct any errors. After verifying the information provided, please sign the form below and return it to: **Defense Finance and Accounting Service, U.S. Military Annuitant Pay, 8899 E. 56th Street, Indianapolis, IN 46249-1300** or fax it to DFAS toll-free at **1-800-982-8459**. If you have questions or need assistance completing this form, please contact DFAS toll-free at **1-800-321-1080**.

1. DECEASED MEMBER DATA VERIFICATION

a. DECEASED MEMBER'S NAME (Last, First, Middle Initial)		b. SOCIAL SECURITY NUMBER	
c. DATE OF BIRTH (YYYYMMDD)	d. DATE OF DEATH (YYYYMMDD)	e. BRANCH OF SERVICE	f. RANK/RATE

2. CLAIMANT VERIFICATION

a. CLAIMANT'S NAME (Last, First, Middle Initial)		b. SOCIAL SECURITY NUMBER	
c. DATE OF BIRTH (YYYYMMDD)	d. TELEPHONE (Include Area Code)	e. CITIZEN OF (Country) United States of America	

f. IF YOU ARE A NONRESIDENT ALIEN, X HERE, ENTER YOUR COUNTRY OF RESIDENCE, AND SEE NOTE. ☐

NOTE: ALIEN TAX WITHHELD: Nonresident aliens are automatically taxed at the rate of 30 percent, unless there is a tax treaty between the United States and the foreign country permitting a lesser rate. If the country in which the annuitant lives has a tax treaty with the United States, then complete IRS Form W-8BEN, *Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding* showing the country of residence. This Form may be obtained from any United States Internal Revenue Service office, United States consulate office, on the Internet at www.irs.gov/pub/irs-pdf/fw8ben.pdf, or by calling the Defense Finance and Accounting Service, toll free **1-800-321-1080** or from overseas **(216) 522-5955**. The Defense Finance and Accounting Service will mail foreign annuitants IRS Form 1042-S, *Foreign Person's U.S. Source Income Subject to Withholding*, at the end of each year for tax reporting purposes.

g. TYPE OF BENEFIT CLAIMED <input type="checkbox"/> SBP <input type="checkbox"/> RCSBP <input type="checkbox"/> RSFPP	i. CORRESPONDENCE ADDRESS (Street, Apartment Number, City, State and ZIP Code)
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3. THE FOLLOWING SECTION APPLIES TO SPOUSE APPLICANTS ONLY

a. I CERTIFY THAT I WAS LEGALLY MARRIED TO THE MEMBER ON THE DATE OF DEATH:			<input type="checkbox"/> YES	<input type="checkbox"/> NO
(1) If YES, please verify date of marriage to member: (If blank or incorrect, please provide correct marriage date)		(2) If NO, please provide the date of divorce: (YYYYMMDD)		
b. ARE THERE CHILDREN UNDER AGE 23 OR INCAPACITATED OF THE DECEASED MEMBER? (If YES, please provide the following for each child:)			<input type="checkbox"/> YES	<input type="checkbox"/> NO
(1) NAME (Last, First Middle Initial)	(2) SSN	(3) DATE OF BIRTH (YYYYMMDD)		

I understand that my annuity may be affected if I am receiving any other military survivor annuity of any kind from this deceased member or any other deceased member. I also understand that I am obligated to notify DFAS of any other annuities that might affect my entitlement.

c. ARE YOU RECEIVING ANY OTHER ANNUITY FROM DFAS BASED ON THE MILITARY RECORD OF ANY OTHER DECEASED MILITARY RETIREE? (If YES, please provide the following:)			<input type="checkbox"/> YES	<input type="checkbox"/> NO
(1) Name of Deceased Retiree (Last, First, Middle Initial)	(2) SSN	(3) Coverage Type <input type="checkbox"/> SBP <input type="checkbox"/> RSFPP	(4) Monthly Benefit Amount \$	

DECEASED MEMBER'S NAME (Last, First, Middle Initial)	MEMBER'S SOCIAL SECURITY NUMBER
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7. CLAIM CERTIFICATION AND SIGNATURE (To be completed by ALL applicants)					
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The claimant or authorized representative must sign. The signature must be that of: the claimant or for the annuitant by: the legal representative; guardian; or custodian. Failure to sign will delay payment of the annuity.

a. SIGNATURE OF CLAIMANT OR LEGAL REPRESENTATIVE (If applicable)	b. DATE SIGNED (YYYYMMDD)
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DEFENSE FINANCE AND ACCOUNTING SERVICE

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

SBP Marital Status Update (SBP-MSU)

Please provide the following REQUIRED information:

(Deceased) Member Name: _____

Member SSN: _____

Annuitant Name: _____

Annuitant SSN: _____

Dear Annuitant:

Our records show you are a current Survivor Benefit Plan (SBP) annuitant because of your relationship to the deceased military member you identified above ("member"). Your continued eligibility may be affected if you marry or remarry after the death of the member. We therefore require you to update your marital status annually by the first day of your birthday month.

There are multiple options for updating us. You can COMPLETE, SIGN and RETURN this SBP Marital Status Update (SBP-MSU) either by mail to DFAS Retired and Annuitant Pay, 8899 E 56th Street, Indianapolis, IN 46249-1300, or via fax at 1-800-982-8459 (toll free). Another option is to upload the completed and signed document online using our askDFAS online upload tool: <https://www.dfas.mil/askdfas>. If you have questions, call us toll-free at 1-800-321-1080.

Update Information

The following items must be completed and this document must be signed and dated by the annuitant or by the annuitant's legal representative if the annuitant is a minor child or is incapacitated. The completed document must be received by DFAS by the first day of the month of the annuitant's birthday. Failure to timely provide DFAS with all update information may result in suspension of annuity payments until all information is received.

1. Person completing this form is - **Check one**
☐ Annuitant
☐ Parent or Legal Representative of Annuitant, Name: _____
2. Annuitant's relationship to member - **Check one**
☐ Surviving Spouse ☐ Surviving Former Spouse ☐ Surviving Child (regardless of age)
3. Annuitant's date of birth (MM/DD/YYYY): _____

Continued on next page

Member Name (Required): _____
Member SSN (Required): _____

4. Please provide annuitant's marital history since the death of the member- **Check all applicable box(es)**

- A. ☐ The annuitant has not married following the death of the member and is currently not married. (Go to Item 5)
- ☐ The annuitant has married since the death of the member and currently is
- ☐ Married (Complete Item 4.B. below)
- ☐ Not married (Complete Item 4.B. below)
- B. Please provide the information indicated below for each of the marriages the annuitant entered into after the death of the member. When you submit this completed document, include a photocopy of all marriage certificates, divorce orders, annulment orders, and/or death certificates related to marriages entered into by the annuitant after the death of the member that have **not** been previously provided to DFAS.

Date of Marriage	Marriage End Date (if applicable)	Reason Marriage Ended (if applicable)*
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_____	_____	_____
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Date of Marriage	Marriage End Date (if applicable)	Reason Marriage Ended (if applicable)*
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_____	_____	_____
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*Examples: Death of spouse, Divorce, or Annulment

5. Has the mailing address of the annuitant (or legal representative of the annuitant) changed since the last SBP Marital Status Update submitted to DFAS?

☐ Yes ☐ No

If "yes," please provide the current mailing address below:

Name: _____ Street Address: _____

City: _____ State/Province: _____

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

Continued on next page

Member Name (Required): _____
Member SSN (Required): _____

6. Certification

If you are the ANNUITANT and are of legal age, **complete ONLY Box A below**. Do NOT complete Box B.

If you are the Parent/Guardian (or Legal Representative) of a Minor CHILD or Legal Representative of an INCAPACITATED annuitant (regardless of age) **complete ONLY Box B below**.

BOX A - ANNUITANTS	
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 related to marriages entered into by me after the death of the member and 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)

BOX B – LEGAL REPRESENTATIVES ONLY	
<p>1. Check the box that applies:</p> <p><input type="checkbox"/> I am the parent/guardian (or legal representative) of the minor child annuitant identified above.</p> <p><input type="checkbox"/> I am the legal representative of the <u>incapacitated</u> annuitant identified above.</p> <p>2. Parent/guardian or legal representative name: _____ EIN, if applicable: _____</p> <p>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 related to marriages entered into by the annuitant after the death of the member and 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.</p> <p>If this is the first time the legal representative has completed a certification of annuitant's marital status, a photocopy of the legal document or order granting the authority to act on the annuitant's behalf must be attached.</p>	
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 and may be 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).

Instructions for Completing the Annuitant SBP Marital Status Update (SBP-MSU)

1. Fill in the deceased Member's Name on each page.
2. Fill in the deceased Member's Social Security Number on each page.
3. Fill in the Annuitant's Name.
4. Fill in the Annuitant's Social Security Number.
5. Place an "X" in the applicable box for the person completing the form.
6. Place an "X" in the applicable box for the Annuitant Relationship to member noted above.
7. Fill in the Annuitant's date of birth (MM/DD/YYYY)
8. Place an "X" in the applicable box for the Annuitant's marital status and provide the corresponding information.
9. Place an "X" in the applicable box if the Annuitant's address has changed.
10. Provide new mailing address if the annuitant's or legal representative of the annuitant address has changed.
11. If you are the annuitant completing this Marital Status Update, please sign and date in box A. Stop here, the certificate is complete. Leave box B blank.
12. If you are the Parent/Guardian or Legal Representative of a minor child or Legal Representative of an incapacitated annuitant complete box B. Leave box B blank.
13. B-1. Place an 'X' in the applicable box.
14. B-2. Provide the name of the parent/guardian or legal representative and EIN, if applicable.
15. B-3. Sign and date and include a photocopy of the legal document or order granting the authority to act on the annuitant's behalf, if not provided previously.

Direct Deposit Authorization for Retired and Annuitant Pay

FOR PROCESSING FEDERAL NET PAYMENTS
(Refer to page 2 prior to completing the form.)

SECTION I - RECIPIENT INFORMATION

1. NAME (Last, First, Middle Initial)			2. SOCIAL SECURITY NUMBER (SSN)	
3. CORRESPONDENCE ADDRESS				
a. STREET ADDRESS			b. CITY	
c. STATE/PROVINCE	d. ZIP CODE/POSTAL CODE	e. COUNTRY		
4. RETIREE'S SOCIAL SECURITY NUMBER (SSN)			5. CONTACT PHONE NUMBER	
6. TYPE OF PAYMENT (Select One) <input type="checkbox"/> RETIRED PAY <input type="checkbox"/> ANNUITY PAY <input type="checkbox"/> FORMER SPOUSE <input type="checkbox"/> CRSC <input type="checkbox"/> ARREARS <input type="checkbox"/> OTHER				

SECTION II – ACCOUNT INFORMATION

7. TYPE OF ACCOUNT (Select One) <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS			
8. ROUTING TRANSIT NUMBER			
9. ACCOUNT NUMBER			
10. ACCOUNT TITLE (ACCOUNT HOLDER'S NAME[S]) (Cannot be a 3rd party account)			
11. FINANCIAL INSTITUTION			
a. NAME			
b. STREET ADDRESS	c. CITY	d. STATE	e. ZIP CODE

SECTION III – AUTHORIZATION

I certify that I am entitled to payment. In signing this form, I authorize my payment be sent to the financial institution named above to be deposited to the account designated. Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.

a. RECIPIENT'S SIGNATURE	e. DATE (MMDDYYYY)
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PRIVACY ACT STATEMENT

Collection of the information you are requested to provide on this form is authorized under 31 CFR 208 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the federal agency to the financial institution and/or its agent. Carefully read the instructions and Privacy Act Statement.

INSTRUCTIONS FOR PREPARING AUTHORIZATION

PURPOSE - You may use this form to provide instructions for processing your net pay. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit / Electronic Funds Transfer Program. You must keep DFAS informed of any changes to remain qualified for payments. **You can submit your completed form to DFAS using the askDFAS online upload tool: <https://www.dfas.mil/askdfas>**

SECTION I - RECEIPT INFORMATION

ITEM 1-5 – Complete all requested individual information.

ITEM 6 - TYPE OF PAYMENT - Place an "X" in the appropriate box to indicate what type of payment you want sent by Direct Deposit. You may only select one type of payment per form.

SECTION II - DIRECT DEPOSIT ACCOUNT INFORMATION

ITEM 7 - TYPE OF ACCOUNT - Place an "X" in the appropriate box, to indicate if you want your payment to be sent to a checking or savings account.

ITEM 8 - ROUTING TRANSIT NUMBER - Your financial institution's 9-digit routing transit number. See the illustration below.

ITEM 9 - ACCOUNT NUMBER - Your account number at your financial institution. See the illustration below.

ITEM 10 - ACCOUNT TITLE - The depositor's name(s) on the account at the financial institution. See the illustration below.

ITEM 11 - FINANCIAL INSTITUTION NAME / ADDRESS - The institution to which payments are to be directed. See the illustration below.

The illustration shows a check with the following labels and fields:

- 10**: Points to the top left of the check, indicating the area for the depositor's name and address.
- 101**: Points to the check number in the top right corner.
- 20**: Points to the dollar amount field, which includes a box for the dollar sign and a line for the amount.
- DOLLARS**: Points to the word "DOLLARS" at the end of the dollar amount line.
- 11**: Points to the bottom left of the check, indicating the area for the bank name and address.
- 8**: Points to the routing transit number (RTN) field, which is a 9-digit number.
- 9**: Points to the account number field, which is a long line of digits.
- CHECK NUMBER**: Points to the check number field, which is a 3-digit number.

8 - ROUTING TRANSIT NUMBER - Examine your deposit slip or check for items labeled 9 in the above sample. Is the Routing Transit Number (RTN) eight numbers in a row followed by a space and then one number? Is the first number of the RTN "0," "1," "2," or "3"? If the answer to both questions is "yes" enter the numbers from your deposit slip or check on the reverse of this form in Item 9. Otherwise, call your financial institution and ask them to provide you with their RTN.

9 - ACCOUNT NUMBER - Include dashes where the symbol " " appears on your check or deposit slip. Be sure not to include the check number (#101 in the example) or deposit slip number as part of your Account Number in Item 9. If you cannot determine your Account Number, contact your financial institution.

10 - ACCOUNT TITLE - Must include recipient's name.

11 - FINANCIAL INSTITUTION NAME / ADDRESS - If your check or share draft includes "Payable Through" under the bank name, contact the financial institution to help obtain the correct Routing Transit Number for Direct Deposit.

SECTION III - AUTHORIZATION

ITEMS 12 AND 13 - You **must** sign and date this form before the authorization can be processed.

FOR CHANGES - You must complete and submit a new direct deposit authorization form. We recommend that you maintain accounts at both financial institutions until the new institution has established your direct deposit authorization.

FOR CANCELLATIONS - This authorization will remain in effect until you cancel by providing a written notice to the DoD Agency or by your death or legal incapacity. Upon cancellation, the receiving financial institution should be notified. The authorization may be cancelled by the financial institution by providing you a written notice 30 days in advance of the cancellation date. You must immediately advise the DoD Agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government Agency.

Withholding Certificate for Periodic Pension or Annuity Payments

OMB No. 1545-0074

2025

Give Form W-4P to the payer of your pension or annuity payments.

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to receive your payments only part of the year; or have changes during the year in your marital status, number of pensions/jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs or pension/annuity payments), deductions, or credits. Have your most recent payment statements/pay stubs from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See pages 2 and 3 for more information on each step, when to use the estimator at www.irs.gov/W4App, and how to elect to have no federal income tax withheld (if permitted).

Step 2: Income From a Job and/or Multiple Pensions/ Annuities (Including a Spouse's Job/ Pension/ Annuity)	Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity. See page 2 for examples on how to complete Step 2.
	Do only one of the following.
	(a) Use the estimator at www.irs.gov/W4App for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; or
	(b) Complete the items below.
	(i) If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs less the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter “-0-” . . . \$ _____ (ii) If you (and/or your spouse) have any other pensions/annuities that pay less annually than this pension/annuity, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter “-0-”..... \$ _____ (iii) Add the amounts from items (i) and (ii) and enter the total here..... \$ _____

TIP: To be accurate, submit a new Form W-4P for all other pensions/annuities if you haven't updated your withholding since 2021 or this is a new pension/annuity that pays less than the other(s). Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019.

Complete Steps 3–4(b) on this form only if (b)(i) is blank **and** this pension/annuity pays the most annually. Otherwise, do not complete Steps 3–4(b) on this form.

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 . . . \$ _____		
	Multiply the number of other dependents by \$500 \$ _____		
	Add other credits, such as foreign tax credit and education tax credits . . . \$ _____		
	Add the amounts for qualifying children, other dependents, and other credits and enter the total here	3	\$ _____
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs or pension/annuity payments). If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends . . .	4(a)	\$ _____
	(b) Deductions. If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld from each payment . . .	4(c)	\$ _____

Step 5: Sign	
Here	Date
Your signature (This form is not valid unless you sign it.)	

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about any future developments related to Form W-4P, such as legislation enacted after it was published, go to www.irs.gov/FormW4P.

Purpose of form. Complete Form W-4P to have payers withhold the correct amount of federal income tax from your periodic pension, annuity (including commercial annuities), profit-sharing and stock bonus plan, or IRA payments. Federal income tax withholding applies to the taxable part of these payments. Periodic payments are made in installments at regular intervals (for example, annually, quarterly, or monthly) over a period of more than 1 year. Don't use Form W-4P for a nonperiodic payment (note that distributions from an IRA that are payable on demand are treated as nonperiodic payments) or an eligible rollover distribution (including a lump-sum pension payment). Instead, use Form W-4R, Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions, for these payments/distributions. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Choosing not to have income tax withheld. You can choose not to have federal income tax withheld from your payments by writing "No Withholding" on Form W-4P in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Generally, if you are a U.S. citizen or a resident alien, you are not permitted to elect not to have federal income tax withheld on payments to be delivered outside the United States and its territories.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. If your tax situation changes, or you chose not to have federal income tax withheld and you now want withholding, you should submit a new Form W-4P.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Are submitting this form after the beginning of the year;
2. Have social security, dividend, capital gain, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax;
3. Receive these payments or pension and annuity payments for only part of the year; or
4. Have changes during the year in your marital status, number of pensions/jobs for you (and/or your spouse if married filing jointly), number of dependents, or changes in your deductions or credits.

TIP: Have your most recent payment statements/pay stubs from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you (or you and your spouse) receive. If you do not have a job and want to pay these taxes through withholding from your payments, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Payments to nonresident aliens and foreign estates. Do not use Form W-4P. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, write "No Withholding" in the space below Step 4(c). See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Submit a **separate Form W-4P** for each pension, annuity, or other periodic payments you receive.

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you have at least one of the following: income from a job, income from more than one pension/annuity, and/or a spouse (if married filing jointly) that receives income from a job/pension/annuity. The following examples will assist you in completing Step 2(b).

Example 1. Taylor, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Taylor also has a job that pays \$25,000 a year. Taylor has no other pensions or annuities. Taylor will enter \$25,000 in Step 2(b)(i) and in Step 2(b)(iii).

If Taylor also has \$1,000 of interest income, which they entered on Form W-4, Step 4(a), then they will instead enter \$26,000 in Step 2(b)(i) and in Step 2(b)(iii). They will make no entries in Step 4(a) on this Form W-4P.

Example 2. Casey, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Casey does not have a job, but receives another pension for \$25,000 a year (which pays less annually than the \$50,000 pension). Casey will enter \$25,000 in Step 2(b)(ii) and in Step 2(b)(iii).

If Casey also has \$1,000 of interest income, then they will enter \$1,000 in Step 4(a) of this Form W-4P.

Example 3. Sam, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Sam does not have a job, but receives another pension for \$75,000 a year (which pays more annually than the \$50,000 pension). Sam will not enter any amounts in Step 2.

If Sam also has \$1,000 of interest income, they won't enter that amount on this Form W-4P because they entered the \$1,000 on the Form W-4P for the higher paying \$75,000 pension.

Example 4. Alex, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Alex also has a job that pays \$25,000 a year and another pension that pays \$20,000 a year. Alex will enter \$25,000 in Step 2(b)(i), \$20,000 in Step 2(b)(ii), and \$45,000 in Step 2(b)(iii).

If Alex also has \$1,000 of interest income, which they entered on Form W-4, Step 4(a), they will instead enter \$26,000 in Step 2(b)(i), leave Step 2(b)(ii) unchanged, and enter \$46,000 in Step 2(b)(iii). They will make no entries in Step 4(a) of this Form W-4P.

If you are married filing jointly, the entries described above do not change if your spouse is the one who has the job or the other pension/annuity instead of you.



Multiple sources of pensions/annuities or jobs. If you (or if married filing jointly, you and/or your spouse) have a job(s), do NOT complete Steps 3 through 4(b) on Form W-4P. Instead, complete Steps 3 through 4(b) on the Form W-4 for the job. If you (or if married filing jointly, you and your spouse) do not have a job, complete Steps 3 through 4(b) on Form W-4P for **only** the pension/annuity that pays the most annually. Leave those steps blank for the other pensions/annuities.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible.

Specific Instructions *(continued)*

in this step, such as the foreign tax credit and the education tax credits. Including these credits will increase your payments and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include amounts from any job(s) or pension/annuity payments. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your pension, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 6, if you expect to claim deductions other than

the basic standard deduction on your 2025 tax return and want to reduce your withholding to account for these deductions. This includes itemized deductions, the additional standard deduction for those 65 and over, and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from **each payment**. Entering an amount here will reduce your payments and will either increase your refund or reduce any amount of tax that you owe.

Note: If you don't give Form W-4P to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer will withhold tax from your payments as if your filing status is single with no adjustments in Steps 2 through 4. For payments that began before 2025, your current withholding election (or your default rate) remains in effect unless you submit a new Form W-4P.

Step 4(b)—Deductions Worksheet *(Keep for your records.)*



1	Enter an estimate of your 2025 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income	1	\$
2	Enter: { • \$30,000 if you're married filing jointly or a qualifying surviving spouse • \$22,500 if you're head of household • \$15,000 if you're single or married filing separately }	2	\$
3	If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"	3	\$
4	If line 3 equals zero, and you (or your spouse) are 65 or older, enter: • \$2,000 if you're single or head of household. • \$1,600 if you're married filing separately. • \$1,600 if you're a qualifying surviving spouse or you're married filing jointly and one of you is under age 65. • \$3,200 if you're married filing jointly and both of you are age 65 or older. Otherwise, enter "-0-". See Pub. 505 for more information	4	\$
5	Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information	5	\$
6	Add lines 3 through 5. Enter the result here and in Step 4(b) on Form W-4P	6	\$

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request federal income tax withholding from pension or annuity payments based on your filing status and adjustments; (b) request additional federal income tax withholding from your pension or annuity payments; (c) choose not to have federal income tax withheld, when permitted; or (d) change a previous Form W-4P. To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may

also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.