

Part D

1. If none of the above survives and an executor or administrator has been appointed, the following statement should be completed:

I/we have been duly appointed N/A of the estate of the deceased, as evidenced by certificate of appointment herewith, administration having been taken out in the interest of

(Executor or administrator)
(Name, address, and relationship of interested relative or creditor)

and such appointment is still in full force and effect.

NOTE. -- If making claim as the executor or administrator of the estate of the deceased, no witnesses are required, but a court certificate evidencing your appointment must be submitted.

2. If no administrator or executor has been appointed, will one be appointed? N/A
(Yes or No)

DESIGNATED BENEFICIARY, SURVIVING SPOUSE, CHILDREN, PARENTS, OR LEGAL REPRESENTATIVES DO NOT FILL IN PART E. ALL OTHER MUST.

Part E

Have the funeral expenses been paid? N/A (If paid, receipted bill of the undertaker must be attached hereto.)
(Yes or No)

Whose money was used to pay the funeral expenses? N/A

FINES, PENALTIES, and FORFEITURES are imposed by law for the making of false or fraudulent claims against the United States or the making of false statements in connection therewith.

[Signature] 6/30/10
(Signature of claimant) (Date)

[Signature] GDN 6/30/10
(Signature of claimant) (Date)

123 Main St. Apt B
(Street address)

456 Main St Apt B
(Street address)

Capitol, OH 44444 Phone (555) 555-5555
(City, State, and ZIP code)

Capitol, OH 44444 Phone (333) 333-3333
(City, State, and ZIP code)

TWO WITNESSES ARE REQUIRED

We certify that we are well acquainted with the above John J Smith Jr. and that the signature(s) of the claimant(s) was (were) affixed in our presence.
(Name(s) of claimant(s))

[Signature] David Watkins
(Signature of witness)

[Signature] Barb Johnson
(Signature of witness)

123 Main St Apt C
(Street address)

123 Main St Apt D
(Street address)

Capitol, OH 44444
(City, State, and ZIP code)

Capitol, OH 44444
(City, State, and ZIP code)

All Federal checks in possession of the claimant, drawn to the order of the decedent, in payment of pay and allowances should accompany this claim.

**CUSTODIANSHIP CERTIFICATE TO SUPPORT CLAIM ON BEHALF OF
MINOR CHILDREN OF DECEASED MEMBERS OF THE ARMED FORCES**

*OMB No. 0730-0010
OMB approval expires
Nov 30, 2008*

The public reporting burden for this collection of information is estimated to average 12 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services Directorate (0730-0010). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

**PLEASE DO NOT SEND YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO:
Defense Finance and Accounting Service, US Military Annuitant Pay, PO Box 7131, London, KY 40742-7131**

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C., Chapter 73; and E.O. 9397.

PRINCIPAL PURPOSE(S): This information is required to identify the custodian of an unmarried minor child(ren), incapacitated child, or child at least 18 but under 22 who is attending school and is a child of a deceased military member. The Defense Finance and Accounting Service (DFAS) requires this information to pay or release Survivor Benefit Plan (SBP), and Reserve Component Survivor Benefit Plan (RCSBP) funds and/or arrears of retired pay for the benefit of the children.

ROUTINE USE(S): In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records, or information contained therein, may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows: to the Internal Revenue Service, the Department of Veterans Affairs, or trustees or guardians of survivors (children). It may also be disclosed for any of the "Blanket Routine Uses" as published at the beginning of the DFAS compilation of systems of record notices.

DISCLOSURE: Voluntary; however, if DFAS does not receive this information it may result in non-payment of annuity.

1. MEMBER'S NAME <i>(Last, First, Middle)</i> John J Smith Sr.	2. SSN 987-65-4321
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3. CHILD(REN) IN CUSTODY			
FULL NAME <i>(Last, First, Middle)</i> a.	SSN b.	DATE OF BIRTH c.	RELATIONSHIP TO MEMBER d.
John J Smith Jr.	123-45-6789	19950502	Son

4. CUSTODIAN'S RELATIONSHIP TO ABOVE CHILD(REN)
Mother

5. CERTIFICATION *(X as applicable)*

This is to certify that the above named child(ren) is an (are) unmarried minor child(ren) of a deceased military member.

This is to certify that the above named child(ren) is (are) at least 18 but under 22 attending a school, technical or vocational institute, junior college, university or comparable recognized educational institution.

This is to certify that the above named child(ren) is (are) in my care and is incapable of self-support because of a mental or physical incapacity incurred before his/her 18th birthday or incurred before age 22 during a full-time course of study or training. A physician's statement attesting the date and extent of incapacity is attached.

I further certify that no legal fiduciary appointment is contemplated on behalf of the child(ren) listed above and that all funds received will be used for their care and benefit. Also, I will immediately notify Defense Finance and Accounting Service, US Military Annuitant Pay, PO Box 7131, London, KY 40742-7131, if the status of (any of) the child(ren) is terminated for any reason whatsoever.

WARNING: The penalty for presenting false claims or making false statements in connection with claims is a fine of not more than \$10,000 or imprisonment for not more than 5 years, or both (Act of June 25, 1948, 18 U.S.C. 287, 1001).

a. PRINTED NAME OF CUSTODIAN <i>(Last, First, Middle Initial)</i> Carol Smith	b. SIGNATURE OF CUSTODIAN	c. DATE SIGNED 6/30/10
d. ADDRESS STREET 123 Main St. Apt B	CITY Capitol	STATE OH
		ZIP CODE 44444

6. REMARKS