

**DEPARTMENT OF DEFENSE**

DEFENSE FINANCE AND ACCOUNTING SERVICE  
US MILITARY RETIREMENT PAY  
PO BOX 7130  
LONDON KY 40742-7130

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OFFICIAL BUSINESS

<b>REPORT OF EXISTENCE</b>		Please PRINT requested information.
FULL NAME OF RETIREE (LAST, FIRST, MI)		
RETIREE'S SOCIAL SECURITY NUMBER		
TRUSTEE'S FULL NAME		
NUMBER, STREET, RFD, APT. NUMBER		
CITY, STATE, ZIP CODE (IF FOREIGN ADDRESS; CITY, POSTAL CODE, COUNTRY)		
REMARKS  THIS REPORT STATES THAT MY WARD, WHOSE NAME APPEARS ABOVE, IS AVAILABLE AND ELIGIBLE TO RECEIVE MILITARY RETIRED/RETAINER PAY.		
SIGNATURE OF GUARDIAN, TRUSTEE, CONSERVATOR, OR OTHER		DATE