

DESIGNATION OF BENEFICIARY INFORMATION

(Read Privacy Act Statement and Instructions on back before completing this form.)
(After completing this form, make a copy for your records.)

1.a. RETIRED MEMBER'S NAME (Last, first, middle initial)	b. SSN
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2. DESIGNATED BENEFICIARY INFORMATION			
a. (1) SHARE %	(2) FULL NAME (Last, first, middle initial)	(3) SSN	(4) RELATIONSHIP
	(5) ADDRESS (Street, Apartment Number, City, State and ZIP Code)		
b. (1) SHARE %	(2) FULL NAME (Last, first, middle initial)	(3) SSN	(4) RELATIONSHIP
	(5) ADDRESS (Street, Apartment Number, City, State and ZIP Code)		
c. (1) SHARE %	(2) FULL NAME (Last, first, middle initial)	(3) SSN	(4) RELATIONSHIP
	(5) ADDRESS (Street, Apartment Number, City, State and ZIP Code)		
d. (1) SHARE %	(2) FULL NAME (Last, first, middle initial)	(3) SSN	(4) RELATIONSHIP
	(5) ADDRESS (Street, Apartment Number, City, State and ZIP Code)		
e. (1) SHARE %	(2) FULL NAME (Last, first, middle initial)	(3) SSN	(4) RELATIONSHIP
	(5) ADDRESS (Street, Apartment Number, City, State and ZIP Code)		

3. IF YOU DO NOT ELECT TO DESIGNATE BENEFICIARIES ABOVE, PLEASE PROVIDE THE INFORMATION REQUESTED BELOW FOR FAMILY MEMBERS WHO MAY BE CONTACTED IN THE EVENT OF YOUR DEATH.			
a.	(1) FULL NAME (Last, first, middle initial)	(2) SSN	(3) RELATIONSHIP
(4) ADDRESS (Street, Apartment Number, City, State and ZIP Code)			
b.	(1) FULL NAME (Last, first, middle initial)	(2) SSN	(3) RELATIONSHIP
(4) ADDRESS (Street, Apartment Number, City, State and ZIP Code)			
c.	(1) FULL NAME (Last, first, middle initial)	(2) SSN	(3) RELATIONSHIP
(4) ADDRESS (Street, Apartment Number, City, State and ZIP Code)			
d.	(1) FULL NAME (Last, first, middle initial)	(2) SSN	(3) RELATIONSHIP
(4) ADDRESS (Street, Apartment Number, City, State and ZIP Code)			
e.	(1) FULL NAME (Last, first, middle initial)	(2) SSN	(3) RELATIONSHIP
(4) ADDRESS (Street, Apartment Number, City, State and ZIP Code)			

4.a. RETIRED MEMBER SIGNATURE	b. DATE SIGNED
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AUTHORIZATION TO START, STOP OR CHANGE AN ALLOTMENT

PRIVACY ACT STATEMENT

AUTHORITY: 37 U.S.C. Section 701, E.O. 9397.

PRINCIPAL PURPOSE: To permit starts, changes, or stops to allotments. To maintain a record of allotments and ensure starts, changes, and stops are in keeping with member's desires.

ROUTINE USES: In addition to those disclosures generally permitted under 5 U.S.C. Section 552a(b) of the Privacy Act, these records of information contained therein may specifically be disclosed outside the DoD as a routine use to the Federal Reserve banks to distribute payments made through the direct deposit system to financial organizations or their processing agents authorized by individuals to receive and deposit payments in their accounts. It may also be disclosed to the Treasury Department, Internal Revenue Service, Social Security Administration, Department of Veterans Affairs, Federal, state and local agencies for civil or criminal law enforcement. In addition it can be released for any of the blanket routine uses published at the beginning of the DFAS compilation of system of record notices.

DISCLOSURE: Voluntary; however, failure to provide the requested information as well as the Social Security number may result in the member not being able to start, change, or stop allotments.

TO BE COMPLETED BY ALLOTTER

1. BRANCH OF SERVICE (X one) <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY		2. NAME OF ALLOTTER (Last, First, Middle Initial) <i>(Print or type)</i>		3. SSN		4. PAY GRADE	
5. ADDRESS OF ALLOTTER (Street or Box Number, City, State, ZIP Code)				6. DAYTIME TELEPHONE NUMBER (Include Area Code)		7. EFFECTIVE DATE (YYYYMM)	8. MONTHLY AMOUNT OF ALLOTMENT \$
9. NAME OF ALLOTTEE (First, Middle Initial, Last)				10. ALLOTMENT ACTION (X one) <input type="checkbox"/> START <input type="checkbox"/> STOP <input type="checkbox"/> CHANGE		11. TERM IN MONTHS	
12. CREDIT LINE (If applicable)				13. ALLOTMENT CLASS AUTHORIZED (X one) <input type="checkbox"/> C - CHARITY/CFC <input type="checkbox"/> D - DISCRETIONARY ALLOTMENTS <i>(Includes dependent support, payment to financial institution, insurance, repayment of home loan, rent, etc. (Notes 1 and 2))</i> <input type="checkbox"/> F - CHARITY - EMERGENCY/ASSISTANCE FUND CONTRIBUTION <input type="checkbox"/> L - REPAYMENT OF LOAN TO SERVICE ORGANIZATION <i>(Red Cross, Relief Society, etc. - Navy and Marine Corps only)</i> <input type="checkbox"/> N - NSLI OR USGLI INSURANCE PREMIUM <input type="checkbox"/> T - PAYMENT OF DEBTS TO U.S., DELINQUENT STATE OR LOCAL INCOME/EMPLOYMENT TAXES <input type="checkbox"/> - OTHER <i>(Specify)</i>			
14. ALLOTTEE'S MAILING ADDRESS (Street or Box Number, City, State, ZIP Code)				15. IF FOREIGN ADDRESS COMPLETE AS FOLLOWS (Province, Country)			
16. REMARKS							
17. COMPANY CODE/FINANCIAL INSTITUTION/ROUTING TRANSIT NUMBER				18. ACCOUNT NUMBER/POLICY NUMBER		<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
				19. TOTAL CLASS L AMOUNT \$		20. TOTAL CLASS T AMOUNT \$	

STATEMENT OF UNDERSTANDING

I understand that this allotment is legal and that by voluntarily completing this form, I am responsible for:

- Ensuring that the information is correct;
- Reviewing my Leave and Earnings Statement to ensure the allotment stops, starts, or changes as directed including amount and payee;
- Collecting overpayments from the receiver (payee) of the allotment, if I do not change or stop the allotment after a loan is repaid;
- Contacting the receiver (payee) of the allotment, at my expense, to obtain monthly statements for my personal records.

I also understand that any problems once the allotment is delivered to the receiver (payee) are beyond the control of the Defense Finance and Accounting Service (DFAS) and that DFAS is only responsible for ensuring proper delivery of any voluntary allotment for the period directed. I further understand that pursuant to conditions listed in the DoD 7000.14-R, Volume 7A, changes can be made by DFAS to an allottee's name, address, or account number.

21. SIGNATURE OF ALLOTTER	22. DATE (YYYYMMDD)
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NOTE 1. Must be different address than allotter. Each dependent allotment must have a different credit line. Only one support allotment per dependent is allowed.

NOTE 2. This is a voluntary allotment and can be to any payee you desire.

Reporting the Death of a Military Retiree or Annuitant

The Defense Finance and Accounting Service (DFAS) has prepared this contact sheet to assist you in reporting the death of a military retiree or annuitant. The information provided is meant to serve as a general guide.

- You may notify using the DFAS Website at www.dfas.mil utilizing the Forms tab on the top left side and selecting the Fast Forms Online and the form under the Report a Retiree's Death by clicking on the DFAS 9221 Notification of Death. Complete the required fields and then submit.
- Notify DFAS at (800) 321-1080. Please have the decedent's Social Security Number (SSN) and the date of death when you call. We ask that you send one photocopy of a death certificate which indicates the cause of death. Please send it to:

For retirees
Address: DFAS, U.S. Military Retired Pay
P.O. Box 7130
London, KY 40742-7130
Fax: (800) 469-6559

For annuitants
Address: DFAS, U.S. Military Annuitant Pay
P.O. Box 7131
London, KY 40742-7131
Fax: (800) 982-8459

We will take steps to suspend the pay account to prevent any overpayments. If the decedent was a retiree enrolled in the Survivor Benefit Plan and/or the Retired Serviceman's Family Protection Plan (RSFPP), we will take additional steps to initiate pay accounts for eligible survivors.

Designated beneficiaries of retirees should expect a Standard Form 1174 (SF-1174) and, if applicable, SBP/RSFPP-related forms in the mail within seven to ten business days of reporting the death. You may also locate the form on the DFAS Website, specifically at <http://www.dfas.mil/retiredmilitary/forms.html> if you need assistance please contact us at (800) 321-1080.

- **Notify the Social Security Administration (SSA) at (800) 772-1213.**
- **Notify the Defense Enrollment Eligibility Reporting System (DEERS) at (800) 538-9552.**
- **If the member was receiving disability compensation or Dependency Indemnity Compensation (DIC), notify the Department of Veterans Affairs (DVA) at (800) 827-1000 press 1 and then Option 6.**
- **If the member was a civil servant or retired civil servant, notify the Office of Personnel Management (OPM) toll-free at (888) 767-6738 Option 4.**
- **If the member enrolled in DFA-sponsored Insurance such as National Service Life Insurance (NSLI) or Servicemembers' Group Life Insurance (SGLI), notify them at (800) 669-8477.**

If you live near a military installation you may be able to receive help with administrative matters from a Casualty Assistance Officer (CAO) or Retired Activities/Affairs Office (RAO). Please note that these services are not available at all military installations.

Below are some additional toll-free numbers you may find helpful, if applicable:

Armed Forces Benefit Association (AFBA) -----	(800) 776-2322
Army & Air Force Mutual Aid Association (AAFMAA) -----	(800) 522-5221
Military Benefit Association (MBA) -----	(800) 336-0100
Navy Mutual Aid Association (NMAA) -----	(800) 628-6011
Officers Benefit Association -----	(800) 736-7311
Uniformed Services Benefit Association -----	(800) 368-7021

RETIRED AND ANNUITANT PAY HELPFUL HINTS

CUSTOMER SERVICE

As a self-service option you may refer to the DFAS website at the following location: <http://www.dfas.mil/retiredmilitary.html> it contains a variety of information and assistance. You may also access forms by selecting the Forms link on the left side of the web page and it will take you directly to <http://www.dfas.mil/dfas/retiredmilitary/forms.html>

There are two sections for the two types of forms. The **Submit Fast Forms Online** allows you to use our Fast Forms to submit your account change to DFAS online. Fast Forms can be processed quicker than faxed or mailed forms, and they save paper and postage costs. If you do not receive confirmation of receipt from DFAS within 48 hours of submitting a Fast Form, please call 800-321-1080.

The second section (**Fax or Mail Forms**) on the forms page contains forms that can be printed, completed and faxed, or mailed following the instructions on the form.

Contact us regarding any questions you may have or to report a casualty on our toll-free line 1-800-321-1080. We can also be reached at (216) 522-5955 or DSN 580-5955.

Retirees may fax documents to our toll-free fax line, 1-800-469-6559, to eliminate mailing time.

Annuitants may fax documents to our toll-free fax line, 1-800-982-8459, to eliminate mailing time.

Include your complete name, signature, daytime phone number, Social Security Number on all correspondence, and make sure it is written clearly.

TIMELY PAYMENTS

Enroll in the Direct Deposit System (DDS).

Wait at least ten days after the check payment date to report non-receipt of your paper check. The Non-Receipt Department's fax number is (216)-522-5898. Please note that the Non-Receipt Department only handles hard-copy check non-receipt issues. Be sure you include your name, Social Security Number, the date of the missing check and sign your letter.

Allow four to six weeks after reporting non-receipt of a paper check for a replacement check to be issued. You can check the status of your non-receipt claim by calling 1-800-390-2397.

TAXES (FEDERAL, STATE AND LOCAL) (continued)

Submit an IRS Form W-4 (Retiree) or an IRS Form W4P (Annuitant) or access myPay to change your federal withholding tax if you are a retiree.

You can request deductions state withholding tax from your retired pay in writing or access myPay. Be sure to provide the state to which payments are to be made and the fixed even dollar amount of no less than \$10.00 per month to be deducted. State withholding tax can not be deducted from annuity pay.

If you claim exempt on your federal withholding for your retired pay, you must file a new IRS Form W-4 on an annual basis, no earlier than January 1 and no later than February 15th.

Local taxes cannot be withheld from your retired or annuity pay.

VA WAIVERS

Remember that waivers cannot be accomplished retroactively.

Allow enough time to elapse for processing between Retired Pay and the VA.

Contact the regional Veteran's Administration office regarding retroactive payments that exceed your gross retired military retired pay.

BENEFICIARIES (Retirees Only)

File an up-to-date beneficiary designation form for any arrears of pay(AOP) which may be due at the time of your death.

Instruct beneficiaries to return any uncashed checks along with a copy of your death certificate.

SURVIVOR BENEFIT PLAN (SBP) (Retirees Only)

Contact DFAS if you are enrolled in SBP and your designated beneficiary predeceases you. Forward a copy of their death certificate with a written request to suspend SBP payments.

Notify DFAS if you have child coverage and the child does not continue their education after their 18th birthday or upon graduation, marries or joins the military.

Forward a copy of your divorce decree with a written request to suspend SBP payments if you divorce your spouse. If you desire or are required to provide Former Spouse SBP, this election must be made within one year of the date of your divorce.

Contact DFAS immediately if you were previously enrolled in SBP and remarry. If you elect to reinstate your SBP coverage, forward a copy of your marriage certificate and provide your new spouse's social security number and date of birth.

Use myPay to make the following changes to your annuity pay account:

- Increase or decrease your Federal Tax Withholding
- Change your check address (EFT Only).
- Change your correspondence address.
- PIN letter on demand and change your PIN.
- View/print Annuitant Account Statement
- Submit Report of Existence (ROE)
- Submit Certificate of Eligibility (COE)
- View/print tax statements (1099R/1042S)

MAILING ADDRESSES:

Retired Pay Correspondence

Defense Finance and Accounting Service
US Military Retired Pay
PO Box 7130
London, KY 40742-7130

Annuitant Pay Correspondence

Defense Finance and Accounting Service
US Military Annuitant Pay
PO Box 7131
London, KY 40742-7131

Claims for Non-Receipt of Payments

Defense Finance and Accounting Service
Cleveland Center
PO Box 998005
Cleveland, OH 44199-1126

E-MAIL ADDRESS

Customer Inquires

www.dfas.mil