

### 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.)*

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

## PRIVACY ACT STATEMENT

**AUTHORITY:** Executive Order 9397, 10 U.S.C. Sections 1477 and 2771, P.L. 92-425 (September 21, 1972, as amended).

**PRINCIPAL PURPOSE(S):** The purpose in collecting this information is so that the retiree can designate a beneficiary to receive any retired pay still owed to that member upon his or her death.

**ROUTINE USE(S):** The information on this form may be disclosed as generally permitted under 5 U.S.C. Section 552(a)(b) of the Privacy Act of 1974, as amended. It may also be disclosed outside of the Department of Defense to the Internal Revenue Service for tax purposes, the Department of Veterans Affairs (DVA) for discontinuing DVA compensation, or individuals authorized to receive retired pay on behalf of the retiree. In addition, other Federal, State, or local government agencies, which have identified a need to know, may obtain this information for the purpose(s) identified in the DoD Blanket Routine Uses as published in the Federal Register.

**DISCLOSURE:** Disclosure is voluntary; however, failure to furnish the requested information will result in delays in payment of arrears of retirement pay, and will result in the inability to pay the designated beneficiary.

## INSTRUCTIONS

This form is intended to apply to any amounts you are due as a retired member on the date of your death, including retired pay and, if you are eligible, Combat-Related Special Compensation (CRSC). References to unpaid retired pay in this form include CRSC, if applicable. Entitlement to retired pay stops on the date of your death. CRSC payments terminate on the first day of the month in which you die. In order to determine who should receive any retired pay or CRSC you are owed when you die, this form should be completed and returned to:

Defense Finance and Accounting Service  
U.S. Military Retirement Pay  
P.O. Box 7130  
London, KY 40742-7130

By law, you may designate a beneficiary or beneficiaries you wish to receive your unpaid retired pay. If you specifically elect to designate a beneficiary or beneficiaries, you must list the names of the beneficiaries you desire in the top part of the form (Item 2), their relationship to you (Item 4), their SSN (if available) (Item 3), and their address (Item 5). You can either provide a SHARE percentage to be paid to each person or leave the SHARE percentage blank. If you leave the SHARE percentage blank, any retired pay you are owed when you die will be divided equally among your designated beneficiaries. Complete all other requested information. If you list more than one person with a 100% SHARE, we will pay in the order of the beneficiaries as you list them on the form. If, for example, you designate two beneficiaries, then the SHARE percentage can be blank, 100% for each beneficiary, or the SHARE percentages when added together must equal 100%. Similarly, if you designate three beneficiaries, then the SHARE percentage can be blank or equal one of the following combinations: 100% for each of the beneficiaries; or, if you designate 100% for one of the beneficiaries, the sum of the SHARE percentage for the remaining two must equal 100%; or, the sum of the SHARE percentage for all three beneficiaries must be 1/3 each. If you designate beneficiaries, you should update your beneficiary information whenever there is a change in your marital status or whenever you choose different beneficiaries.

If you designate more than 5 beneficiaries, you must submit your beneficiary designation in a signed letter to the return address listed above. To be valid, a beneficiary designation must be received by DFAS before the date of your death.

If you are not specifically designating beneficiaries, complete the bottom of the form (Item 3) with the Name, Social Security Number (if available), Relationship and Address of your living family members who may be contacted upon your death regarding the unpaid retired pay. The names provided should include spouse, children, parents and siblings. If you do not elect to specifically designate beneficiaries to receive your unpaid retired pay upon your death, or the designated beneficiary dies before you, the amount due will be paid to the person or person(s) highest on the following list living at the time of your death: (1) your spouse; (2) your children and their descendants, by representation; (3) your parents, in equal parts, or if either is dead, the survivor; (4) the legal representative of your estate; and (5) persons entitled under the law of your domicile. When you complete the form, you must enter your Social Security Number and sign the form. Forms or letters that contain incorrect SHARE percentages will be returned for correction. Forms or letters that do not contain your Social Security Number or your signature will be returned to you unprocessed.



## PRIVACY ACT STATEMENT

Collection of the information you are requested to provide on this form is authorized under 31 CFR 209 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.

### 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.

#### SECTION I - EMPLOYEE / MEMBER / ANNUITANT INFORMATION (ITEMS 1-5)

You must complete all blocks after carefully reading the instructions and Privacy Act Statement. You must keep the agency informed of any address change to remain qualified for payments.

#### SECTION II - DIRECT DEPOSIT ACCOUNT INFORMATION

**ITEM 6 - TYPE OF ACCOUNT** - Place "X" in the appropriate box, to indicate if you want your payment to be sent to a checking or savings account.

**ITEM 7 - TYPE OF PAYMENT** - Place an "X" in the appropriate box to indicate what type of payment you want sent by Direct Deposit.

**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 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 fields and labels:

- 10**: A box above the top line containing the text "NAME OF DEPOSITOR", "STREET ADDRESS", and "CITY, STATE, ZIP CODE".
- 101**: A box above the amount line containing the number "101".
- 20**: A box above the amount line containing the number "20".
- \$**: A box containing the dollar sign.
- DOLLARS**: Text to the right of the amount line.
- 11**: A box to the left of the bottom line containing the text "NAME OF YOUR BANK" and "Payable Through Another Bank".
- For**: Text above the bottom line.
- 8**: A box below the routing transit number "899999999 9 000 000 000" containing the number "8".
- 9**: A box below the routing transit number "899999999 9 000 000 000" containing the number "9".
- CHECK NUMBER**: Text below the routing transit number "899999999 9 000 000 000" and the account number "0101".

**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 "III" 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 sharedraft 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 to the applicable DoD agency. We recommend that you maintain accounts at both financial institutions until the new institution receives your Direct Deposit payments.

**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, you should notify the receiving financial institution. 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.

## 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.

- **Notify DFAS** at either (800) 269-5170 or (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:

<b>For retirees</b>	<b>For annuitants</b>
<i>Address:</i> DFAS, U.S. Military Retirement Pay P.O. Box 7130 London, KY 40742-7130.	<i>Address:</i> DFAS, U.S. Military Annuitant Pay P.O. Box 7131 London, KY 40742-7131.
<i>Fax:</i> (800) 469-6559	<i>Fax:</i> (800) 982-8459

We will take steps to close out the pay account to prevent any overpayments. If the decedent was a retiree enrolled in the Survivor Benefit Plan (SBP) 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. If you need assistance please call us at either of the numbers listed above.

- **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.
- **If the member was a civil servant or retired civil servant, notify the Office of Personnel Management (OPM)** toll-free at (888) 767-6738.
- **If the member enrolled in DVA-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.

Here are some additional toll-free numbers you may find useful, if applicable:

Armed Forces Benefit Association (AFBA) - - - - -	(800) 776-2322
Army & Air Force Mutual Aid Association (AAFMAA) - - - - -	(800) 522-5221
Burial at Sea - - - - -	(888) 647-6676 (option 4)
Funeral Honors - - - - -	(877) 645-4667
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

# Manage Your Retirement Account

DFAS Retired and Annuitant Pay offers many resources to help you with the month-to-month maintenance of your military retirement account and to resolve any issues you may experience. If you need to speak to a Customer Service Representative, our call center hours are 7 a.m. to 6 p.m. Eastern. However, you can select one of the many self-service options offered through our automated telephone system, 24 hours a day, seven days a week. But before you call, check our website, [www.dfas.mil](http://www.dfas.mil). It features valuable information, forms, instructions and Frequently Asked Questions.

The most convenient way to view your Retiree Account Statement and manage your account is through **myPay**, the official online account management system for military members, military retirees and DoD employees. **myPay** is quick, secure and reliable.

## With myPay, YOU can:

- View, print or save your Retiree Account Statement
- View, print or save your CRSC Statement
- Start, stop or change electronic allotments to financial institutions
- Change your mailing or e-mail address
- Make changes to your Direct Deposit information
- View, print or save your IRS Form 1099R
- Subscribe to the Retiree Newsletter

## How to create a myPay account



If you've never used **myPay**, visit <https://mypay.dfas.mil> and click "Forgot or Need a Password" to have a temporary password mailed to you. Once you've received a password, return to myPay and click "Create an Account" to get started. If you have trouble creating your account, please call **myPay** at 888-332-7411.

## Be patient with allotments

Allotments take time to show up in **myPay**. You will not see your request until you receive your next Retiree Account Statement. So after starting an allotment in **myPay**, please give it time to post. Entering the allotment more than once could cause the system to set up two allotments instead of one.

Only electronic allotments to financial institutions can be managed in **myPay**. To start, stop or change other discretionary allotments visit [www.dfas.mil/retiredmilitary/allotments](http://www.dfas.mil/retiredmilitary/allotments) or call 800-321-1080.

## Limited access accounts

For people who travel or can't use a computer, **myPay** offers the Limited Access Password.

You can create a Limited Access Password for another person, allowing them to view your pay and tax statements without making any changes to your account. You may delete any user's limited access at any time.

Moving? Going away for the winter? Don't forget to tell DFAS.

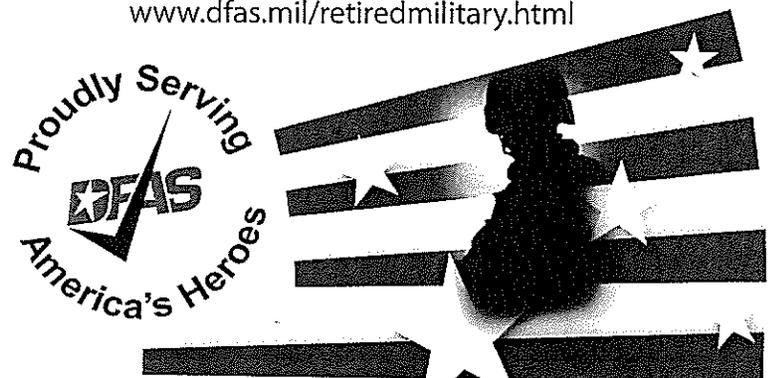
Change your mailing address online using **myPay**, over the phone by calling 800-321-1080, and by mail or fax using the address on this brochure.

When submitting your request in writing, please include both your old and new mailing address, along with the effective date for the new address, your name, social security number and signature with date.

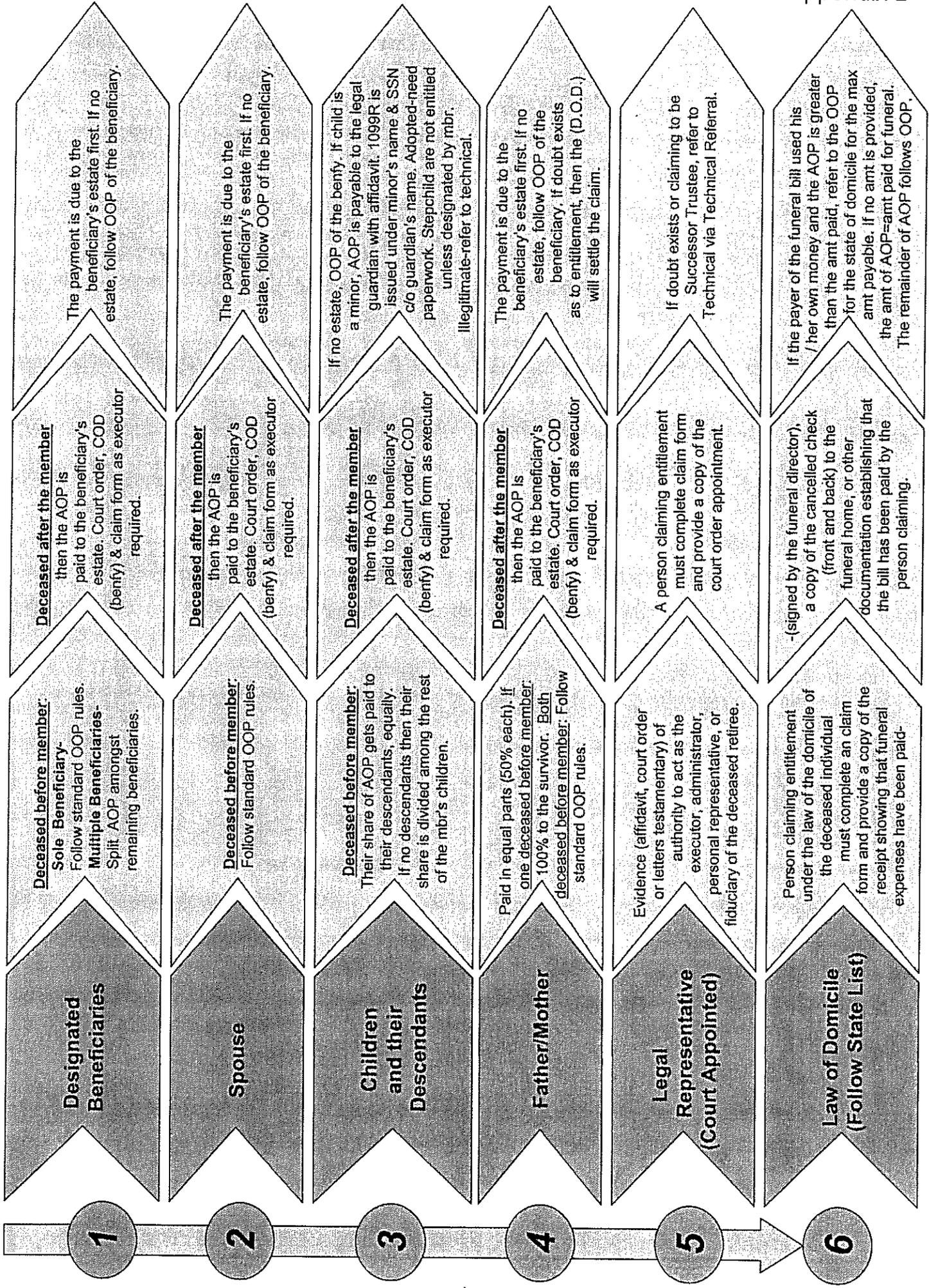
DFAS Retired and Annuitant Pay  
P.O. Box 7130  
London, KY 40742-7130

Fax: 800-469-6559  
Phone: 800-321-1080

[www.dfas.mil/retiredmilitary.html](http://www.dfas.mil/retiredmilitary.html)



# ORDER OF PRECEDENCE CHART



**Deceased before member:**  
**Sole Beneficiary-**  
 Follow standard OOP rules.  
**Multiple Beneficiaries-**  
 Split AOP amongst remaining beneficiaries.

**Deceased after the member**  
 then the AOP is paid to the beneficiary's estate. Court order, COD (benfy) & claim form as executor required.

**Designated Beneficiaries**

1

**Deceased before member:**  
 Follow standard OOP rules.

**Deceased after the member**  
 then the AOP is paid to the beneficiary's estate. Court order, COD (benfy) & claim form as executor required.

**Spouse**

2

**Deceased before member:**  
 Their share of AOP gets paid to their descendants, equally. If no descendants then their share is divided among the rest of the mbr's children.

**Deceased after the member**  
 then the AOP is paid to the beneficiary's estate. Court order, COD (benfy) & claim form as executor required.

**Children and their Descendants**

3

Paid in equal parts (50% each), if one deceased before member: 100% to the survivor. **Both** deceased before member: Follow standard OOP rules.

**Deceased after the member**  
 then the AOP is paid to the beneficiary's estate. Court order, COD (benfy) & claim form as executor required.

**Father/Mother**

4

Evidence (affidavit, court order or letters testamentary) of authority to act as the executor, administrator, personal representative, or fiduciary of the deceased retiree.

A person claiming entitlement must complete claim form and provide a copy of the court order appointment.

**Legal Representative (Court Appointed)**

5

Person claiming entitlement under the law of the domicile of the deceased individual must complete an claim form and provide a copy of the receipt showing that funeral expenses have been paid-

-(signed by the funeral director), a copy of the cancelled check (front and back) to the funeral home, or other documentation establishing that the bill has been paid by the person claiming.

**Law of Domicile (Follow State List)**

6

The payment is due to the beneficiary's estate first. If no estate, follow OOP of the beneficiary.

The payment is due to the beneficiary's estate first. If no estate, follow OOP of the beneficiary.

If no estate, OOP of the benfy. If child is a minor, AOP is payable to the legal guardian with affidavit. 1099R is issued under minor's name & SSN c/o guardian's name. Adopted-need paperwork. Stepchild are not entitled unless designated by mbr. Illegitimate-refer to technical.

The payment is due to the beneficiary's estate first. If no estate, follow OOP of the beneficiary. If doubt exists as to entitlement, then the (D.O.D.) will settle the claim.

If doubt exists or claiming to be Successor Trustee, refer to Technical via Technical Referral.

If the payer of the funeral bill used his / her own money and the AOP is greater than the amt paid, refer to the OOP for the state of domicile for the max amt payable. If no amt is provided, the amt of AOP=amt paid for funeral. The remainder of AOP follows OOP.