

# How to complete a Retirement Application

# There are 3 necessary forms to receive retired pay. DD FORM 108, DD 2656 and Direct Deposit Form.

| APPLICATION FOR RETIRED PAY BENEFITS   |       |                     |                               |                                  |       |  |       |   |                 | See back for Instructions and Privacy Act Statement. |       |                              |       |      |
|--|-------|---------------------|-------------------------------|----------------------------------|-------|--|-------|---|-----------------|--|-------|------------------------------|-------|------|
| 1. TO<br>Commander United States Army Reserve Personnel Center<br>9700 Page Boulevard,<br>ST. Louis, MO 63132-5200 |       |                     |                               | 2. DATE OF BIRTH (YYYYMMDD)      |       |  |       | 3. DATE RETIRED PAY TO BEGIN (YYYYMMDD) |                 |  |       |                              |       |      |
| 5. APPLICANT NAME (Last, First, Middle Initial)  |       |                     |                               |                                  |       | 6a. SERVICE NUMBER (if applicable)       |       | b. SOCIAL SECURITY NUMBER               |                 |  |       |                              |       |      |
| 7a. PRESENT HOME ADDRESS (Street, Apt No., City, State, ZIP Code)  |       |                     |                               |                                  |       | 8. PRESENT ASSIGNMENT<br>RETIRED RESERVE |       |   |                 |  |       |                              |       |      |
| b. HOME TELEPHONE NUMBER ( )   |       |                     |                               |                                  |       |  |       |   |                 |  |       |                              |       |      |
| SERVICE BEFORE 1 JULY 1949   |       |                     |                               |                                  |       |  |       |   |                 |  |       |                              |       |      |
| 9. ARMED FORCE AND COMPONENT   |       | 10. GRADE OR RATING |                               | 11. APPROXIMATE DATES OF SERVICE |       |  |       | 12. ACTIVE DUTY                         |                 |  |       |                              |       |      |
|  |       |                     |                               | a. FROM                          |       | b. TO                                    |       | a. FROM                                 |                 | b. TO  |       |                              |       |      |
|  |       |                     |                               | DAY                              | MONTH | YEAR                                     | DAY   | MONTH                                   | YEAR            | DAY  | MONTH | YEAR                         |       |      |
| SERVICE AFTER 30 JUNE 1949   |       |                     |                               |                                  |       |  |       |   |                 |  |       |                              |       |      |
| 13. RETIREMENT YEAR  |       |                     | 14. ARMED FORCE AND COMPONENT |                                  |       | 15. GRADE OR RATING                      |       |   | 16. ACTIVE DUTY |  |       | 17. RETIREMENT POINTS EARNED |       |      |
| a. FROM  |       | b. TO               |                               |                                  |       |  |       |   | a. FROM         |  |       | b. TO                        |       |      |
| DAY  | MONTH | YEAR                | DAY                           | MONTH                            | YEAR  | DAY                                      | MONTH | YEAR                                    | DAY             | MONTH  | YEAR  | DAY                          | MONTH | YEAR |
|  |       |                     | SEE ATTACHED<br>NGB 13B       |                                  |       |  |       |   |                 |  |       |                              |       |      |
| 18. SIGNATURE  |       |                     |                               |                                  |       |  |       |   |                 |  |       | 19. DATE SIGNED (YYYYMMDD)   |       |      |

| DATA FOR PAYMENT OF RETIRED PERSONNEL  |                                      |   |   | OMB No. 0704-0590<br>GMB approval expires:<br>September 30, 2007 |
|--|--------------------------------------|---|---|--|
| <p>The public reporting burden for this collection of information, 0704-0590, is estimated to average 15 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 the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Service, at 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Project Director (0704-0187), Washington, DC 20503.</p> <p><b>AUTHORITY:</b> 10 U.S.C. 71, Computation of Retired Pay; 10 U.S.C. 73, Annuities Based On Retired Or Retainer Pay; DoD Instruction 1332.42, Survivor Annuity Program Administration; and DoD Financial Management Regulation, 7000.14-R, Volume 7B, Chapter 42.</p> <p><b>PRINCIPAL PURPOSE(S):</b> To collect information needed to establish a retired/retainer pay account, including designation of beneficiaries for unpaid retired pay, state tax withholding election, information on dependents, and to establish a Survivor Benefit Plan election.</p> <p><b>ROUTINE USE(S):</b> To the Department of Veterans Affairs (DVA) regarding establishments, changes and discontinuing of DVA compensation to retirees and annuitants. To former spouses for purposes of providing information, consistent with the requirements of 10 U.S.C. 1450(f)(3), regarding Survivor Benefit Plan coverage. To spouses for purposes of providing information, consistent with the requirements of 10 U.S.C. 1448(a), regarding Survivor Benefit Plan coverage. Additional routine uses are available in the applicable system of records notice 17347b, Defense Military Retiree and Annuity Pay System Records, available at: <a href="http://dpoit.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570196/17347b/">http://dpoit.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570196/17347b/</a></p> <p><b>DISCLOSURE:</b> Voluntary; however, failure to provide requested information will result in delays in initiating retired/retainer pay.</p> |                                      |   |   |  |
| WARNING  |                                      |   |   |  |
| Read the instructions at the end of this form in their entirety prior to completing.   |                                      |   |   |  |
| PART I - RETIRED PAY INFORMATION   |                                      |   |   |  |
| SECTION I - PAY IDENTIFICATION   |                                      |   |   |  |
| 1. NAME (Last, First, Middle Initial)  |                                      | 2. SSN  | 3. DATE OF BIRTH (YYYYMMDD)                                       | 4. RETIREMENT / TRANSFER DATE (YYYYMMDD)                         |
| 5. RANK / PAYGRADE   |                                      | 6. BRANCH OF SERVICE  |   |  |
|  |                                      | <input type="checkbox"/> a. AIR FORCE <input checked="" type="checkbox"/> b. ARMY <input type="checkbox"/> c. NAVY <input type="checkbox"/> d. MARINE CORPS <input type="checkbox"/> e. COAST GUARD |   |  |
| 7. MEMBER OR FORMER MEMBER OF THE  |                                      |   |   |  |
| <input type="checkbox"/> a. ACTIVE COMPONENT<br><input type="checkbox"/> b. RESERVE COMPONENT (all members of the Reserves and National Guard including Active Guard/ Reserve and Full-Time Support)<br><input type="checkbox"/> c. CSB/REDUX (only members who elected the Career Status Bonus upon completion of 15 years of service)<br><input type="checkbox"/> d. BLENDED RETIREMENT SYSTEM (BRS)<br><input type="checkbox"/> e. DISABILITY   |                                      |   |   |  |
| 8. PARTICIPANT IN THE FOLLOWING RETIREMENT PLAN (See instructions, check only one)   |                                      |   |   |  |
| <input type="checkbox"/> a. FINAL PAY (only those members who first joined the service prior to September 8, 1980)<br><input type="checkbox"/> b. HIGH-3 (also known as the "High 36")<br><input type="checkbox"/> c. CSB/REDUX (only members who elected the Career Status Bonus upon completion of 15 years of service)<br><input type="checkbox"/> d. BLENDED RETIREMENT SYSTEM (BRS)<br><input type="checkbox"/> e. DISABILITY   |                                      |   |   |  |
| 9. CORRESPONDENCE ADDRESS (Ensure DFAS - Cleveland Center is advised whenever your correspondence address changes.)  |                                      |   |   |  |
| a. STREET (Include apartment number)   |                                      | b. CITY   | c. STATE  | d. ZIP CODE  |
| e. TELEPHONE (incl. area code)   |                                      | f. EMAIL ADDRESS  | g. PREFERRED CONTACT METHOD (check one)                           |  |
|  |                                      |   | <input type="checkbox"/> TELEPHONE <input type="checkbox"/> EMAIL |  |
| SECTION II - DIRECT DEPOSIT / ELECTRONIC FUND TRANSFER (DDI/EFT) INFORMATION (See Instructions)  |                                      |   |   |  |
| <input type="checkbox"/> ACTIVE DUTY ONLY: Check here if you want to continue using financial information currently on file, otherwise fill out items 10 through 13  |                                      |   |   |  |
| 10. ACCOUNT TYPE (Check one)   |                                      | 11. ROUTING NUMBER (See instructions)   | 12. ACCOUNT NUMBER (See instructions)                             |  |
| <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS   |                                      |   |   |  |
| 13. FINANCIAL INSTITUTION  |                                      |   |   |  |
| a. NAME  | b. STREET (Include apartment number) | c. CITY   | d. STATE  | e. ZIP CODE  |
| SECTION III - SEPARATION PAYMENT INFORMATION   |                                      |   |   |  |
| 14. a. PAYMENT TYPE RECEIVED (Check one)   |                                      |   |   | b. GROSS AMOUNT  |
| <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SEVERANCE PAY (SE) <input type="checkbox"/> READJUSTMENT PAY (RP) <input type="checkbox"/> SEPARATION PAY (SP)<br><input type="checkbox"/> VOLUNTARY SEPARATION INCENTIVE (VSI) <input type="checkbox"/> SPECIAL SEPARATION BONUS (SSB) <input type="checkbox"/> OTHER   |                                      |   |   |  |
| NOTE: If any payment type was selected, attach a COPY OF THE ORDERS which authorized the payment and a COPY OF THE DD FORM 214.  |                                      |   |   |  |
| List Of Attachments  |                                      |   |   |  |
|  |                                      |   |   |  |
| Add Attachment   |                                      | View Selected Attachment  |   | Remove Selected Attachment                                       |

| FAST START<br>DIRECT DEPOSIT   |   |  |  |
|--|---|--|--|
| INSTRUCTIONS FOR PROCESSING FEDERAL EMPLOYEE PAYMENTS  |   |  |  |
| Use: For processing Federal employee net salary, allotments, and other agency - approved payments associated with Federal employment (i.e. travel reimbursement, uniform allowance, etc). Employee must complete items 1, 2, 3 and 5. Complete item 4 only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form. |   |  |  |
| 1. EMPLOYEE INFORMATION  |   |  |  |
| (SSN) EMPLOYEE PAYROLL IDENTIFICATION NUMBER [ ]   |   |  |  |
| EMPLOYEE NAME (as on payroll records)  |   | [ ]  |  |
|  |   | (Last, First, Initials)  |  |
| TELEPHONE NUMBER (WORK)  |   | (HOME)   |  |
| [ ]  |   | [ ]  |  |
| 2. TYPE OF ACCOUNT   | 3. DIRECT DEPOSIT ACCOUNT INFORMATION - NET PAY/TRAVEL/OTHER (Use Sec. 4 for allotments)                                      |  |  |
| <input checked="" type="checkbox"/> Checking<br><input type="checkbox"/> Savings   | A voided personal check/sharedraft may be attached in lieu of completing this section. See instructions on back of this form. |  |  |
| TYPE OF PAYMENT  | ROUTING TRANSIT NUMBER  | [ ]  | Check Digit  |
| <input type="checkbox"/> Net Pay<br><input type="checkbox"/> Travel<br><input checked="" type="checkbox"/> Other Federal employment related payments   | ACCOUNT NUMBER  | [ ]  | [ ]  |
|  | ACCOUNT TITLE (Account Holder's Name)   | [ ]  | [ ]  |
|  | FINANCIAL INSTITUTION NAME  | [ ]  | [ ]  |
| 4. ALLOTMENT INFORMATION   |   |  |  |
| Complete this section only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.   |   |  |  |
| TYPE OF ALLOTMENT (Check One)  | TYPE OF ACCOUNT (Check One)   | ACTION (Check One)   | AMOUNT (Check One)   |
| <input type="checkbox"/> Savings (whole dollar amounts only)<br><input type="checkbox"/> Discretionary or Third Party  | <input type="checkbox"/> SAVINGS<br><input type="checkbox"/> CHECKING   | <input type="checkbox"/> START<br><input type="checkbox"/> CANCEL<br><input type="checkbox"/> CHANGE | <input type="checkbox"/> INCREASE TO:<br><input type="checkbox"/> DECREASE TO:<br>New Total \$ [ ] |
| ALLOTTEE INFORMATION   |   |  |  |
| ALLOTTEE NAME (person/company who will receive allotment)  |   |  |  |
| [ ]  |   |  |  |
| ALLOTTEE'S ROUTING NUMBER  |   | [ ]  |  |
|  |   | Check Digit  |  |
| ALLOTTEE'S ACCOUNT NUMBER  |   | [ ]  |  |
| ALLOTTEE'S ACCOUNT TITLE (Account Holder's Name)   |   | [ ]  |  |
| FINANCIAL INSTITUTION NAME   |   | [ ]  |  |
| 5. AUTHORIZATION   |   |  |  |
| * EMPLOYEE'S SIGNATURE   |   | [ ]  |  |
|  |   | DATE   |  |
| 6. AGENCY USE:   |   |  |  |
| [ ]  |   |  |  |

Make sure that on the DD 108 the form is dated July 2002, Block 1 if you were in the National Guard will be what is seen below, Block 3 is the RPED on your RPAM. Block 6a is only applicable if you served in the Korean War or earlier. Block 8 is your current assignment which is the retired reserve. Don't forget to sign and date at the bottom.

| APPLICATION FOR RETIRED PAY BENEFITS   |                     |                                  |                               |                     |  |       |       |                 |   |       |                              |       | See back for Instructions and Privacy Act Statement. |      |        |      |
|--|---------------------|----------------------------------|-------------------------------|---------------------|--|-------|-------|-----------------|---|-------|------------------------------|-------|--|------|--------|------|
| 1. TO<br>Commander United States Army Reserve Personnel Center<br>9700 Page Boulevard,<br>ST. Louis, MO 63132-5200 |                     |                                  |                               |                     | 2. DATE OF BIRTH (YYYYMMDD)              |       |       |                 | 3. DATE RETIRED PAY TO BEGIN (YYYYMMDD) |       |                              |       |  |      |        |      |
| 5. APPLICANT NAME (Last, First, Middle Initial)  |                     |                                  |                               |                     | 4. HIGHEST MILITARY PAYGRADE HELD        |       |       |                 | 6a. SERVICE NUMBER (if applicable)      |       |                              |       | b. SOCIAL SECURITY NUMBER                            |      |        |      |
| 7a. PRESENT HOME ADDRESS (Street, Apt No., City, State, ZIP Code)  |                     |                                  |                               |                     | 8. PRESENT ASSIGNMENT<br>RETIRED RESERVE |       |       |                 |   |       |                              |       | b. HOME TELEPHONE NUMBER ( )                         |      |        |      |
| SERVICE BEFORE 1 JULY 1949   |                     |                                  |                               |                     |  |       |       |                 |   |       |                              |       |  |      |        |      |
| 9. ARMED FORCE AND COMPONENT   | 10. GRADE OR RATING | 11. APPROXIMATE DATES OF SERVICE |                               |                     |  |       |       | 12. ACTIVE DUTY |   |       |                              |       |  |      |        |      |
|  |                     | a. FROM                          |                               |                     | b. TO                                    |       |       | a. FROM         |   |       | b. TO                        |       |  |      |        |      |
|  |                     | DAY                              | MONTH                         | YEAR                | DAY                                      | MONTH | YEAR  | DAY             | MONTH                                   | YEAR  | DAY                          | MONTH | YEAR   | DAY  | MONTH  | YEAR |
|  |                     |                                  |                               |                     |  |       |       |                 |   |       |                              |       |  |      |        |      |
| SERVICE AFTER 30 JUNE 1949   |                     |                                  |                               |                     |  |       |       |                 |   |       |                              |       |  |      |        |      |
| 13. RETIREMENT YEAR  |                     |                                  | 14. ARMED FORCE AND COMPONENT | 15. GRADE OR RATING | 16. ACTIVE DUTY                          |       |       |                 |   |       | 17. RETIREMENT POINTS EARNED |       |  |      |        |      |
| a. FROM  |                     | b. TO                            |                               |                     | a. FROM                                  |       |       | b. TO           |   |       |                              |       |  |      |        |      |
| DAY  | MONTH               | YEAR                             | DAY                           | MONTH               | YEAR                                     | DAY   | MONTH | YEAR            | DAY                                     | MONTH | YEAR                         | DAY   | MONTH  | YEAR | POINTS |      |
|  |                     |                                  | SEE ATTACHED                  |                     |  |       |       |                 |   |       |                              |       |  |      |        |      |
|  |                     |                                  | NGB 23B                       |                     |  |       |       |                 |   |       |                              |       |  |      |        |      |
| 18. SIGNATURE  |                     |                                  |                               |                     |  |       |       |                 |   |       |                              |       | 19. DATE SIGNED (YYYYMMDD)                           |      |        |      |

ARMY NATIONAL GUARD CURRENT ANNUAL STATEMENT

SSG [REDACTED]  
 XXXX- [REDACTED]  
 ARMY ELEMENT JOINT FORCE HEADQ  
 100 MINUTEMAN PARKWAY  
 FRANKFORT, KY 40601-6120  
 8A2AA-100

Date Prepared: 2020/11/23  
 Output Reason: Request  
 AYE: 01/24  
 BASD: [REDACTED]  
 Notice of Eligibility: NO  
 Highest [REDACTED]  
 RPED: [REDACTED]

This summary is a statement of your points earned towards retirement. You should review all entries and report any discrepancies to your unit clerk. Particular attention should be given to any period of service with a verification status (VS) of "B" because points are not credited until verified.

| Begin Date (yyyymmdd) | End Date (yyyymmdd) | MMSI | IDT | MEM | ACCP Misc Pts | FHD | AD Pts | VS | Total Career Points | Total Pts For Ret Pay | Creditable Svc For Ret Pay |
|-----------------------|---------------------|------|-----|-----|---------------|-----|--------|----|---------------------|-----------------------|----------------------------|
| 2007/01/25            | 2007/04/17          | B1   | 10  | --  | 0             | 0   | 1      | V  | ---                 | ---                   | --/--/--                   |
| 2007/04/18            | 2007/09/07          | B7   | 0   | --  | 0             | 0   | 143    | V  | ---                 | ---                   | --/--/--                   |
| 2007/09/08            | 2008/01/24          | B1   | 16  | 15  | 0             | 0   | 0      | V  | 185                 | 185                   | 01/00/00                   |
| 2008/01/25            | 2008/06/30          | B1   | 23  | --  | 0             | 0   | 15     | V  | ---                 | ---                   | --/--/--                   |
| 2008/07/01            | 2008/09/30          | B4   | 0   | --  | 2             | 0   | 92     | V  | ---                 | ---                   | --/--/--                   |
| 2008/10/01            | 2009/01/24          | B1   | 33  | 15  | 0             | 0   | 0      | V  | 180                 | 180                   | 01/00/00                   |
| 2009/01/25            | 2010/01/24          | B1   | 58  | 15  | 0             | 0   | 29     | V  | 102                 | 102                   | 01/00/00                   |
| 2010/01/25            | 2011/01/24          | B1   | 0   | 15  | 0             | 0   | 358    | V  | 373                 | 365                   | 01/00/00                   |
| 2011/01/25            | 2011/03/31          | B1   | 0   | --  | 0             | 0   | 66     | V  | ---                 | ---                   | --/--/--                   |
| 2011/04/01            | 2011/05/31          | B4   | 0   | --  | 0             | 0   | 61     | V  | ---                 | ---                   | --/--/--                   |
| 2011/06/01            | 2011/12/13          | B2   | 0   | --  | 0             | 0   | 196    | V  | ---                 | ---                   | --/--/--                   |
| 2011/12/14            | 2012/01/24          | B4   | 0   | 15  | 0             | 0   | 42     | V  | 380                 | 365                   | 01/00/00                   |
| 2012/01/25            | 2013/01/24          | B4   | 0   | 15  | 0             | 0   | 366    | V  | 381                 | 366                   | 01/00/00                   |
| 2013/01/25            | 2014/01/24          | B4   | 0   | 15  | 0             | 0   | 365    | V  | 380                 | 365                   | 01/00/00                   |
| 2014/01/25            | 2015/01/24          | B4   | 0   | 15  | 0             | 0   | 365    | V  | 380                 | 365                   | 01/00/00                   |

The direct deposit form (FMS 2231) is pretty self explanatory. Make sure that in the Type of Payment block that it is checked for Other Federal Employment Related Payments. And the very last digit of your routing number will fall into the check digit, the automated form does this.

**FAST START**  
**DIRECT DEPOSIT**

INSTRUCTIONS FOR PROCESSING FEDERAL EMPLOYEE PAYMENTS

*Use: For processing Federal employee net salary, allotments, and other agency - approved payments associated with Federal employment (i.e. travel reimbursement, uniform allowance, etc). Employee must complete items 1, 2, 3 and 5. Complete item 4 only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.*

|   |   |   |   |
|---|---|---|---|
| <b>1. EMPLOYEE INFORMATION</b><br>(SSN) EMPLOYEE PAYROLL IDENTIFICATION NUMBER <input style="width: 100px;" type="text"/><br><br>EMPLOYEE NAME (as on payroll records) <input style="width: 150px;" type="text"/><br><small>(Last, First, Initials)</small><br><br>TELEPHONE NUMBER (WORK) <input style="width: 50px;" type="text"/> (HOME) <input style="width: 50px;" type="text"/>   |   |   |   |
| <b>2. TYPE OF ACCOUNT</b><br><input checked="" type="checkbox"/> Checking<br><input type="checkbox"/> Savings<br><br><b>TYPE OF PAYMENT</b><br><input type="checkbox"/> Net Pay<br><input type="checkbox"/> Travel<br><input checked="" type="checkbox"/> Other Federal employment related payments   | <b>3. DIRECT DEPOSIT ACCOUNT INFORMATION - NET PAY/TRAVEL/OTHER</b> (Use Sec. 4 for allotments)<br><small>A voided personal check/sharedraft may be attached in lieu of completing this section. See instructions on back of this form.</small><br><br>ROUTING TRANSIT NUMBER <input style="width: 80px;" type="text"/> <input style="width: 20px;" type="text"/> Check Digit<br>ACCOUNT NUMBER <input style="width: 120px;" type="text"/><br>ACCOUNT TITLE <input style="width: 180px;" type="text"/><br><small>(Account Holder's Name)</small><br>FINANCIAL INSTITUTION NAME <input style="width: 150px;" type="text"/> |   |   |
| <b>4. ALLOTMENT INFORMATION</b><br><small>Complete this section only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.</small>  |   |   |   |
| <b>TYPE OF ALLOTMENT</b> (Check One)<br><input type="checkbox"/> Savings (whole dollar amounts only)<br><input type="checkbox"/> Discretionary or Third Party   | <b>TYPE OF ACCOUNT</b> (Check One)<br><input type="checkbox"/> SAVINGS<br><input type="checkbox"/> CHECKING   | <b>ACTION</b> (Check One)<br><input type="checkbox"/> START<br><input type="checkbox"/> CANCEL<br><input type="checkbox"/> CHANGE | <b>AMOUNT</b> (Check One)<br><input type="checkbox"/> INCREASE TO:<br><input type="checkbox"/> DECREASE TO:<br>New Total \$ <input style="width: 50px;" type="text"/> |
| ALLOTTEE NAME (person/company who will receive allotment) <input style="width: 150px;" type="text"/><br>ALLOTTEE'S ROUTING NUMBER <input style="width: 80px;" type="text"/> <input style="width: 20px;" type="text"/> Check Digit<br>ALLOTTEE'S ACCOUNT NUMBER <input style="width: 120px;" type="text"/><br>ALLOTTEE'S ACCOUNT TITLE <input style="width: 150px;" type="text"/><br><small>(Account Holder's Name)</small><br>FINANCIAL INSTITUTION NAME <input style="width: 150px;" type="text"/> |   |   |   |
| <b>5. AUTHORIZATION</b><br>* <input style="width: 150px;" type="text"/> EMPLOYEE'S SIGNATURE <input style="width: 50px;" type="text"/> DATE   |   |   |   |
| <b>6. AGENCY USE:</b>   |   |   |   |

FMS 2231 EDITION OF 4-90 IS OBSOLETE

DEPARTMENT OF THE TREASURY  
FINANCIAL MANAGEMENT SERVICE

The DD 2656 MUST BE DATED OCT 2018 or HRC will automatically kick it back to you. Blocks 1-5 are self explanatory. Make sure that for block 4 you use your retirement date (the day you got out of boots).

| DATA FOR PAYMENT OF RETIRED PERSONNEL  |   |  |  | OMB No. 0704-0569<br>OMB approval expires:<br>September 30, 2021 |
|--|---|--|--|--|
| <p>The public reporting burden for this collection of information, 0704-0569, is estimated to average 15 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 burden reduction suggestions to the Department of Defense, Washington Headquarters Service, at 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Project Director (0704-0187), Washington, DC 20503.</p> <p><b>AUTHORITY:</b> 10 U.S.C. 71, Computation of Retired Pay; 10 U.S.C. 73, Annuities Based On Retired Or Retainer Pay; DoD Instruction 1332.42, Survivor Annuity Program Administration; and DoD Financial Management Regulation, 7000.14-R, Volume 7B, Chapter 42.</p> <p><b>PRINCIPAL PURPOSE(S):</b> To collect information needed to establish a retired/retainer pay account, including designation of beneficiaries for unpaid retired pay, state tax withholding election, information on dependents, and to establish a Survivor Benefit Plan election.</p> <p><b>ROUTINE USE(S):</b> To the Department of Veterans Affairs (DVA) regarding establishments, changes and discontinuing of DVA compensation to retirees and annuitants. To former spouses for purposes of providing information, consistent with the requirements of 10 U.S.C. 1450(f)(3), regarding Survivor Benefit Plan coverage. To spouses for purposes of providing information, consistent with the requirements of 10 U.S.C. 1448(a), regarding Survivor Benefit Plan coverage. Additional routine uses are available in the applicable system of records notice T247b, Defense Military Retiree and Annuity Pay System Records, available at: <a href="http://dpold.defense.gov/Privacy/SORNIndex/DOD-wide-SORN-Article-View/Article/670196/7347b/">http://dpold.defense.gov/Privacy/SORNIndex/DOD-wide-SORN-Article-View/Article/670196/7347b/</a></p> <p><b>DISCLOSURE:</b> Voluntary; however, failure to provide requested information will result in delays in initiating retired/retainer pay.</p> |   |  |  |  |
| <b>WARNING</b>   |   |  |  |  |
| Read the instructions at the end of this form in their entirety prior to completing.   |   |  |  |  |
| PART I - RETIRED PAY INFORMATION   |   |  |  |  |
| SECTION I - PAY IDENTIFICATION   |   |  |  |  |
| 1. NAME (Last, First, Middle Initial)  | 2. SSN  | 3. DATE OF BIRTH (YYYYMMDD)  | 4. RETIREMENT / TRANSFER DATE (YYYYMMDD)   |  |
| 5. RANK / PAYGRADE   | 6. BRANCH OF SERVICE<br><input type="checkbox"/> a. AIR FORCE <input checked="" type="checkbox"/> b. ARMY <input type="checkbox"/> c. NAVY <input type="checkbox"/> d. MARINE CORPS <input type="checkbox"/> e. COAST GUARD |  |  |  |
| 7. MEMBER OR FORMER MEMBER OF THE<br><input type="checkbox"/> a. ACTIVE COMPONENT<br><input type="checkbox"/> b. RESERVE COMPONENT<br><small>(all members of the Reserves and National Guard including Active Guard/Reserve and Full-Time Support)</small>   |   | 8. PARTICIPANT IN THE FOLLOWING RETIREMENT PLAN (See instructions, check only one)<br><input type="checkbox"/> a. FINAL PAY (only those members who first joined the service prior to September 8, 1980)<br><input type="checkbox"/> b. HIGH-3 (also known as the "High 36")<br><input type="checkbox"/> c. CSB/REDUX (only members who elected the Career Status Bonus upon completion of 15 years of service)<br><input type="checkbox"/> d. BLENDED RETIREMENT SYSTEM (BRS)<br><input type="checkbox"/> e. DISABILITY |  |  |
| 9. CORRESPONDENCE ADDRESS (Ensure DFAS - Cleveland Center is advised whenever your correspondence address changes.)  |   |  |  |  |
| a. STREET (Include apartment number)   |   | b. CITY  | c. STATE   | d. ZIP CODE  |
| e. TELEPHONE (incl. area code)   | f. EMAIL ADDRESS  |  | g. PREFERRED CONTACT METHOD (check one)<br><input type="checkbox"/> TELEPHONE <input type="checkbox"/> EMAIL |  |
| SECTION II - DIRECT DEPOSIT / ELECTRONIC FUND TRANSFER (DD/EFT) INFORMATION (See Instructions)   |   |  |  |  |
| <input type="checkbox"/> ACTIVE DUTY ONLY: Check here if you want to continue using financial information currently on file, otherwise fill out items 10 through 13  |   |  |  |  |
| 10. ACCOUNT TYPE (Check one)<br><input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS   | 11. ROUTING NUMBER (See Instructions)   |  | 12. ACCOUNT NUMBER (See Instructions)  |  |
| 13. FINANCIAL INSTITUTION  |   |  |  |  |
| a. NAME  | b. STREET (Include apartment number)  | c. CITY  | d. STATE   | e. ZIP CODE  |
| SECTION III - SEPARATION PAYMENT INFORMATION   |   |  |  |  |
| 14. a. PAYMENT TYPE RECEIVED (Check one)<br><input checked="" type="checkbox"/> NONE <input type="checkbox"/> SEVERANCE PAY (SE) <input type="checkbox"/> READJUSTMENT PAY (RP) <input type="checkbox"/> SEPARATION PAY (SP)<br><input type="checkbox"/> VOLUNTARY SEPARATION INCENTIVE (VSI) <input type="checkbox"/> SPECIAL SEPARATION BONUS (SSB) <input type="checkbox"/> OTHER   |   |  |  | b. GROSS AMOUNT  |
| NOTE: If any payment type was selected, attach a COPY OF THE ORDERS which authorized the payment and a COPY OF THE DD FORM 214.  |   |  |  |  |
| List of Attachments  |   |  |  |  |
|  |   |  |  |  |
| Add Attachment   |   | View Selected Attachment   |  | Remove Selected Attachment                                       |

DD FORM 2656, OCT 2018

PREVIOUS EDITION IS OBSOLETE.

Page 1 of 5  
ARMY Lifecycle Designer

### ARMY NATIONAL GUARD CURRENT ANNUAL STATEMENT

ARMY ELEMENT JOINT FORCE HEADQ  
 100 MINUTEMAN PARKWAY  
 FRANKFORT, KY 40601-6120  
 8A2AA-100

Date Prepared: 2020/11/23  
 Output Reason: Request  
 AYE: 01/24  
 BASD: [REDACTED]  
 Notice of Eligibility: NO  
 Highest Grade Held: E06  
 RPED: [REDACTED] 1 Pds.

This summary is a statement of your points earned towards retirement. You should review all entries and report any discrepancies to your unit clerk. Particular attention should be given to any period of service with a verification status (VS) of "B" because points are not credited until verified.

| Begin Date (yyyymmdd) | End Date (yyyymmdd) | MMSI | IDT | MEM | ACCP | FHD | AD  | VS | Total Career Points | Total Pts For Ret Pay | Creditable Svc For Ret Pay |
|-----------------------|---------------------|------|-----|-----|------|-----|-----|----|---------------------|-----------------------|----------------------------|
| 2007/01/25            | 2007/04/17          | B1   | 10  | --  | 0    | 0   | 1   | V  | ---                 | ---                   | --/--/--                   |
| 2007/04/18            | 2007/09/07          | B7   | 0   | --  | 0    | 0   | 143 | V  | ---                 | ---                   | --/--/--                   |
| 2007/09/08            | 2008/01/24          | B1   | 16  | 15  | 0    | 0   | 0   | V  | 185                 | 185                   | 01/00/00                   |
| 2008/01/25            | 2008/06/30          | B1   | 23  | --  | 0    | 0   | 15  | V  | ---                 | ---                   | --/--/--                   |
| 2008/07/01            | 2008/09/30          | B4   | 0   | --  | 2    | 0   | 92  | V  | ---                 | ---                   | --/--/--                   |
| 2008/10/01            | 2009/01/24          | B1   | 33  | 15  | 0    | 0   | 0   | V  | 180                 | 180                   | 01/00/00                   |
| 2009/01/25            | 2010/01/24          | B1   | 58  | 15  | 0    | 0   | 29  | V  | 102                 | 102                   | 01/00/00                   |
| 2010/01/25            | 2011/01/24          | B1   | 0   | 15  | 0    | 0   | 358 | V  | 373                 | 365                   | 01/00/00                   |
| 2011/01/25            | 2011/03/31          | B1   | 0   | --  | 0    | 0   | 66  | V  | ---                 | ---                   | --/--/--                   |
| 2011/04/01            | 2011/05/31          | B4   | 0   | --  | 0    | 0   | 61  | V  | ---                 | ---                   | --/--/--                   |
| 2011/06/01            | 2011/12/13          | B2   | 0   | --  | 0    | 0   | 196 | V  | ---                 | ---                   | --/--/--                   |
| 2011/12/14            | 2012/01/24          | B4   | 0   | 15  | 0    | 0   | 42  | V  | 380                 | 365                   | 01/00/00                   |
| 2012/01/25            | 2013/01/24          | B4   | 0   | 15  | 0    | 0   | 366 | V  | 381                 | 366                   | 01/00/00                   |
| 2013/01/25            | 2014/01/24          | B4   | 0   | 15  | 0    | 0   | 365 | V  | 380                 | 365                   | 01/00/00                   |
| 2014/01/25            | 2015/01/24          | B4   | 0   | 15  | 0    | 0   | 365 | V  | 380                 | 365                   | 01/00/00                   |

Block 8 has several options, if you were final pay and your RPAM has no H3, MMSI codes, and joined before September 8<sup>th</sup> 1980 then you would fall under the Final Pay category. If you joined after Sep 8<sup>th</sup> 1980 and before Jan 2018 then you would fall into the High-3 category. If during your career you took the CSB/Redux you would select that block. If you have elected to participate in the Blended Retirement System during 2017 then you would select that block. If you have went through a Medical Board and are being medically retired you would select the Disability block (e).

| DATA FOR PAYMENT OF RETIRED PERSONNEL  |   |  |  | OMB No. 0704-0560<br>OMB approval expires:<br>September 30, 2021 |
|--|---|--|--|--|
| <p>The public reporting burden for this collection of information, 0704-0560, is estimated to average 15 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 the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at <a href="mailto:info-mo-exe-est.mbx-ddo-information-collections@mail.mil">info-mo-exe-est.mbx-ddo-information-collections@mail.mil</a>. 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.</p> <p><b>AUTHORITY:</b> 10 U.S.C. 71, Computation of Retired Pay; 10 U.S.C. 73, Annuities Based On Retired Or Retainer Pay; DoD Instruction 1332.42, Survivor Annuity Program Administration; and DoD Financial Management Regulation, 7000.14-R, Volume 7B, Chapter 42.</p> <p><b>PRINCIPAL PURPOSE(S):</b> To collect information needed to establish a retired/retainer pay account, including designation of beneficiaries for unpaid retired pay, state tax withholding election, information on dependents, and to establish a Survivor Benefit Plan election.</p> <p><b>ROUTINE USE(S):</b> To the Department of Veterans Affairs (DVA) regarding establishments, changes and discontinuing of DVA compensation to retirees and annuitants. To former spouses for purposes of providing information, consistent with the requirements of 10 U.S.C. 1450(f)(3), regarding Survivor Benefit Plan coverage. To spouses for purposes of providing information, consistent with the requirements of 10 U.S.C. 1448(a), regarding Survivor Benefit Plan coverage. Additional routine uses are available in the applicable system of records notice T7947b, Defense Military Retiree and Annuity Pay System Records, available at: <a href="http://dpcid.defense.gov/Privacy/SORN/index/DOD-wide-SORN-Article-View/Article/570166/R7947b/">http://dpcid.defense.gov/Privacy/SORN/index/DOD-wide-SORN-Article-View/Article/570166/R7947b/</a></p> <p><b>DISCLOSURE:</b> Voluntary; however, failure to provide requested information will result in delays in initiating retired/retainer pay.</p> |   |  |  |  |
| <b>WARNING</b>   |   |  |  |  |
| <i>Read the instructions at the end of this form in their entirety prior to completing.</i>  |   |  |  |  |
| <b>PART I - RETIRED PAY INFORMATION</b>  |   |  |  |  |
| <b>SECTION I - PAY IDENTIFICATION</b>  |   |  |  |  |
| 1. NAME (Last, First, Middle Initial)  |   | 2. SSN   | 3. DATE OF BIRTH (YYYYMMDD)  | 4. RETIREMENT / TRANSFER DATE (YYYYMMDD)                         |
| 5. RANK / PAYGRADE   | 6. BRANCH OF SERVICE<br><input type="checkbox"/> a. AIR FORCE <input checked="" type="checkbox"/> b. ARMY <input type="checkbox"/> c. NAVY <input type="checkbox"/> d. MARINE CORPS <input type="checkbox"/> e. COAST GUARD |  |  |  |
| 7. MEMBER OR FORMER MEMBER OF THE<br><input type="checkbox"/> a. ACTIVE COMPONENT<br><input type="checkbox"/> b. RESERVE COMPONENT<br><i>(all members of the Reserves and National Guard including Active Guard/Reserve and Full-Time Support)</i>   |   | 8. PARTICIPANT IN THE FOLLOWING RETIREMENT PLAN (See instructions, check only one)<br><input type="checkbox"/> a. FINAL PAY (only those members who first joined the service prior to September 8, 1980)<br><input type="checkbox"/> b. HIGH-3 (also known as the "High 36")<br><input type="checkbox"/> c. CSB/REDUX (only members who elected the Career Status Bonus upon completion of 15 years of service)<br><input type="checkbox"/> d. BLENDED RETIREMENT SYSTEM (BRS)<br><input type="checkbox"/> e. DISABILITY |  |  |
| 9. CORRESPONDENCE ADDRESS (Ensure DFAS - Cleveland Center is advised whenever your correspondence address changes.)  |   |  |  |  |
| a. STREET (Include apartment number)   |   | b. CITY  | c. STATE   | d. ZIP CODE  |
| e. TELEPHONE (Incl. area code)   | f. EMAIL ADDRESS  |  | g. PREFERRED CONTACT METHOD (check one)<br><input type="checkbox"/> TELEPHONE <input type="checkbox"/> EMAIL |  |
| <b>SECTION II - DIRECT DEPOSIT / ELECTRONIC FUND TRANSFER (DD/EFT) INFORMATION (See Instructions)</b>  |   |  |  |  |
| <input type="checkbox"/> ACTIVE DUTY ONLY: Check here if you want to continue using financial information currently on file, otherwise fill out Items 10 through 13  |   |  |  |  |
| 10. ACCOUNT TYPE (Check one)<br><input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS   |   | 11. ROUTING NUMBER (See Instructions)  | 12. ACCOUNT NUMBER (See Instructions)  |  |
| <b>13. FINANCIAL INSTITUTION</b>   |   |  |  |  |
| a. NAME  | b. STREET (Include apartment number)  | c. CITY  | d. STATE   | e. ZIP CODE  |
| <b>SECTION III - SEPARATION PAYMENT INFORMATION</b>  |   |  |  |  |
| 14. a. PAYMENT TYPE RECEIVED (Check one)<br><input checked="" type="checkbox"/> NONE <input type="checkbox"/> SEVERANCE PAY (SE) <input type="checkbox"/> READJUSTMENT PAY (RP) <input type="checkbox"/> SEPARATION PAY (SP)<br><input type="checkbox"/> VOLUNTARY SEPARATION INCENTIVE (VSI) <input type="checkbox"/> SPECIAL SEPARATION BONUS (SSB) <input type="checkbox"/> OTHER   |   |  | b. GROSS AMOUNT  |  |
| NOTE: If any payment type was selected, attach a COPY OF THE ORDERS which authorized the payment and a COPY OF THE DD FORM 214.  |   |  |  |  |
| List Of Attachments  |   |  |  |  |
| <input type="button" value="Add Attachment"/> <input type="button" value="View Selected Attachment"/> <input type="button" value="Remove Selected Attachment"/>  |   |  |  |  |



# Complete all of section II with your account information and use the address of your Bank's Main branch.

| DATA FOR PAYMENT OF RETIRED PERSONNEL   |                                      |  |                             | OMB No. 0704-0599<br>OMB approval expires:<br>September 30, 2021  |
|---|--------------------------------------|--|-----------------------------|---|
| <p>The public reporting burden for this collection of information, 0704-0599, is estimated to average 15 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 the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Project Director, Paperwork Project, Washington, DC 20503.</p> <p><b>AUTHORITY:</b> 10 U.S.C. 71, Computation of Retired Pay; 10 U.S.C. 73, Annuities Based On Retired Or Retainer Pay; DoD Instruction 1332.42, Survivor Annuity Program Administration; and DoD Financial Management Regulation, 7000.14-R, Volume 7B, Chapter 42.</p> <p><b>PRINCIPAL PURPOSE(S):</b> To collect information needed to establish a retired/retainer pay account, including designation of beneficiaries for unpaid retired pay, state tax withholding election, information on dependents, and to establish a Survivor Benefit Plan election.</p> <p><b>ROUTINE USE(S):</b> To the Department of Veterans Affairs (DVA) regarding establishments, changes and discontinuing of DVA compensation to retirees and annuitants. To former spouses for purposes of providing information, consistent with the requirements of 10 U.S.C. 1450(f)(3), regarding Survivor Benefit Plan coverage. To spouses for purposes of providing information, consistent with the requirements of 10 U.S.C. 1448(a), regarding Survivor Benefit Plan coverage. Additional routine uses are available in the applicable system of records notice 77347b, Defense Military Retiree and Annuity Pay System Records, available at: <a href="http://dgdod.defense.gov/Privacy/SCORN/index/DOD-wide-SCORN-Article-View/Article670190/7347b/">http://dgdod.defense.gov/Privacy/SCORN/index/DOD-wide-SCORN-Article-View/Article670190/7347b/</a></p> <p><b>DISCLOSURE:</b> Voluntary; however, failure to provide requested information will result in delays in initiating retired/retainer pay.</p> |                                      |  |                             |   |
| <b>WARNING</b>  |                                      |  |                             |   |
| Read the instructions at the end of this form in their entirety prior to completing.  |                                      |  |                             |   |
| <b>PART I - RETIRED PAY INFORMATION</b>   |                                      |  |                             |   |
| <b>SECTION I - PAY IDENTIFICATION</b>   |                                      |  |                             |   |
| 1. NAME (Last, First, Middle Initial)   |                                      | 2. SSN   | 3. DATE OF BIRTH (YYYYMMDD) | 4. RETIREMENT / TRANSFER DATE (YYYYMMDD)                          |
| 5. RANK / PAYGRADE  |                                      | 6. BRANCH OF SERVICE   |                             |   |
|   |                                      | <input type="checkbox"/> a. AIR FORCE <input checked="" type="checkbox"/> b. ARMY <input type="checkbox"/> c. NAVY <input type="checkbox"/> d. MARINE CORPS <input type="checkbox"/> e. COAST GUARD  |                             |   |
| 7. MEMBER OR FORMER MEMBER OF THE   |                                      | 8. PARTICIPANT IN THE FOLLOWING RETIREMENT PLAN (See Instructions, check only one)   |                             |   |
| <input type="checkbox"/> a. ACTIVE COMPONENT<br><input type="checkbox"/> b. RESERVE COMPONENT<br><small>(all members of the Reserve and National Guard including Active Guard/Reserve and Full-Time Support)</small>  |                                      | <input type="checkbox"/> a. FINAL PAY (only those members who first joined the service prior to September 8, 1980)<br><input type="checkbox"/> b. HIGH-3 (also known as the "High 36")<br><input type="checkbox"/> c. CSBIREDEX (only members who elected the Career Status Bonus upon completion of 15 years of service)<br><input type="checkbox"/> d. BLENDED RETIREMENT SYSTEM (BRS)<br><input type="checkbox"/> e. DISABILITY |                             |   |
| 9. CORRESPONDENCE ADDRESS (Ensure DFAS - Cleveland Center is advised whenever your correspondence address changes.)   |                                      |  |                             |   |
| a. STREET (Include apartment number)  |                                      | b. CITY  |                             | c. STATE   d. ZIP CODE  |
| e. TELEPHONE (incl. area code)  |                                      | f. EMAIL ADDRESS   |                             | g. PREFERRED CONTACT METHOD (check one)                           |
|   |                                      |  |                             | <input type="checkbox"/> TELEPHONE <input type="checkbox"/> EMAIL |
| <b>SECTION II - DIRECT DEPOSIT / ELECTRONIC FUND TRANSFER (DD/EFT) INFORMATION (See Instructions)</b>   |                                      |  |                             |   |
| <input type="checkbox"/> ACTIVE DUTY ONLY: Check here if you want to continue using financial information currently on file, otherwise fill out Items 10 through 13   |                                      |  |                             |   |
| 10. ACCOUNT TYPE (Check one)  |                                      | 11. ROUTING NUMBER (See Instructions)  |                             | 12. ACCOUNT NUMBER (See Instructions)                             |
| <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS  |                                      |  |                             |   |
| <b>13. FINANCIAL INSTITUTION</b>  |                                      |  |                             |   |
| a. NAME   | b. STREET (Include apartment number) | c. CITY  | d. STATE                    | e. ZIP CODE   |
| <b>SECTION III - SEPARATION PAYMENT INFORMATION</b>   |                                      |  |                             |   |
| 14. a. PAYMENT TYPE RECEIVED (Check one)  |                                      |  |                             | b. GROSS AMOUNT   |
| <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SEVERANCE PAY (SE) <input type="checkbox"/> READJUSTMENT PAY (RP) <input type="checkbox"/> SEPARATION PAY (SP)<br><input type="checkbox"/> VOLUNTARY SEPARATION INCENTIVE (VSI) <input type="checkbox"/> SPECIAL SEPARATION BONUS (SSB) <input type="checkbox"/> OTHER  |                                      |  |                             |   |
| NOTE: If any payment type was selected, attach a COPY OF THE ORDERS which authorized the payment and a COPY OF THE DD FORM 214.   |                                      |  |                             |   |
| List Of Attachments   |                                      |  |                             |   |
|   |                                      |  |                             |   |
| Add Attachment  |                                      | View Selected Attachment   |                             | Remove Selected Attachment  |

In Section III you would look at your DD 214 and in block 18 of the 214 it will tell you if you received any kind of payment from the Army. You will need to repay these in order to receive your retirement pension. Majority of the time if you were not on Active Duty at any point in your career you will not have receive any type of pay.

| DATA FOR PAYMENT OF RETIRED PERSONNEL   |   |  |  | OMB No. 0704-0509<br>OMB approval expires:<br>September 30, 2027 |
|---|---|--|--|--|
| <small>The public reporting burden for this collection of information, 0704-0509, is estimated to average 15 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 burden reduction suggestions to the Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Project Director (0704-0187), Washington, DC 20503.</small>  |   |  |  |  |
| <small><b>AUTHORITY:</b> 10 U.S.C. 71, Computation of Retired Pay; 10 U.S.C. 73, Annuities Based On Retired Or Retainer Pay; DoD Instruction 1332.42, Survivor Annuity Program Administration; and DoD Financial Management Regulation, 7000.14-R, Volume 7B, Chapter 42.</small>   |   |  |  |  |
| <small><b>PRINCIPAL PURPOSE(S):</b> To collect information needed to establish a retired/retainer pay account, including designation of beneficiaries for unpaid retired pay, state tax withholding election, information on dependents, and to establish a Survivor Benefit Plan election.</small>   |   |  |  |  |
| <small><b>ROUTINE USE(S):</b> To the Department of Veterans Affairs (DVA) regarding establishments, changes and discontinuing of DVA compensation to retirees and annuitants. To former spouses for purposes of providing information, consistent with the requirements of 10 U.S.C. 1450(f)(3), regarding Survivor Benefit Plan coverage. To spouses for purposes of providing information, consistent with the requirements of 10 U.S.C. 1448(a), regarding Survivor Benefit Plan coverage. Additional routine uses are available in the applicable system of records notice 17347b, Defense Military Retiree and Annuity Pay System Records, available at: <a href="http://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570196/7347b/">http://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570196/7347b/</a></small> |   |  |  |  |
| <small><b>DISCLOSURE:</b> Voluntary; however, failure to provide requested information will result in delays in initiating retired/retainer pay.</small>  |   |  |  |  |
| <b>WARNING</b>  |   |  |  |  |
| <i>Read the instructions at the end of this form in their entirety prior to completing.</i>   |   |  |  |  |
| <b>PART I - RETIRED PAY INFORMATION</b>   |   |  |  |  |
| <b>SECTION I - PAY IDENTIFICATION</b>   |   |  |  |  |
| 1. NAME (Last, First, Middle Initial)   |   | 2. SSN   | 3. DATE OF BIRTH (YYYYMMDD)  | 4. RETIREMENT / TRANSFER DATE (YYYYMMDD)                         |
| 5. RANK / PAYGRADE  | 6. BRANCH OF SERVICE<br><input type="checkbox"/> a. AIR FORCE <input checked="" type="checkbox"/> b. ARMY <input type="checkbox"/> c. NAVY <input type="checkbox"/> d. MARINE CORPS <input type="checkbox"/> e. COAST GUARD |  |  |  |
| 7. MEMBER OR FORMER MEMBER OF THE<br><input type="checkbox"/> a. ACTIVE COMPONENT<br><input type="checkbox"/> b. RESERVE COMPONENT<br><small>(all members of the Reserves and National Guard including Active Guard/Reserve and Full-Time Support)</small>  |   | 8. PARTICIPANT IN THE FOLLOWING RETIREMENT PLAN (See instructions, check only one)<br><input type="checkbox"/> a. FINAL PAY (only those members who first joined the service prior to September 8, 1980)<br><input type="checkbox"/> b. HIGH-3 (also known as the "High 36")<br><input type="checkbox"/> c. CSB/REDUX (only members who elected the Career Status Bonus upon completion of 15 years of service)<br><input type="checkbox"/> d. BLENDED RETIREMENT SYSTEM (BRS)<br><input type="checkbox"/> e. DISABILITY |  |  |
| 9. CORRESPONDENCE ADDRESS (Ensure DFAS - Cleveland Center is advised whenever your correspondence address changes.)   |   |  |  |  |
| a. STREET (Include apartment number)  |   | b. CITY  | c. STATE   | d. ZIP CODE  |
| e. TELEPHONE (incl. area code)  | f. EMAIL ADDRESS  |  | g. PREFERRED CONTACT METHOD (check one)<br><input type="checkbox"/> TELEPHONE <input type="checkbox"/> EMAIL |  |
| <b>SECTION II - DIRECT DEPOSIT / ELECTRONIC FUND TRANSFER (DD/EFT) INFORMATION (See Instructions)</b>   |   |  |  |  |
| <input type="checkbox"/> ACTIVE DUTY ONLY: Check here if you want to continue using financial information currently on file, otherwise fill out Items 10 through 13)  |   |  |  |  |
| 10. ACCOUNT TYPE (Check one)<br><input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS  |   | 11. ROUTING NUMBER (See Instructions)  | 12. ACCOUNT NUMBER (See Instructions)  |  |
| <b>SECTION III - FINANCIAL INSTITUTION</b>  |   |  |  |  |
| a. NAME   | b. STREET (Include apartment number)  | c. CITY  | d. STATE   | e. ZIP CODE  |
| <b>SECTION III - SEPARATION PAYMENT INFORMATION</b>   |   |  |  |  |
| 14. a. PAYMENT TYPE RECEIVED (Check one)<br><input checked="" type="checkbox"/> NONE <input type="checkbox"/> SEVERANCE PAY (SE) <input type="checkbox"/> READJUSTMENT PAY (RP) <input type="checkbox"/> SEPARATION PAY (SP)<br><input type="checkbox"/> VOLUNTARY SEPARATION INCENTIVE (VSI) <input type="checkbox"/> SPECIAL SEPARATION BONUS (SSB) <input type="checkbox"/> OTHER  |   |  | b. GROSS AMOUNT  |  |
| NOTE: If any payment type was selected, attach a COPY OF THE ORDERS which authorized the payment and a COPY OF THE DD FORM 214.   |   |  |  |  |
| List Of Attachments   |   |  |  |  |
| <input type="button" value="Add Attachment"/> <input type="button" value="View Selected Attachment"/> <input type="button" value="Remove Selected Attachment"/>   |   |  |  |  |



If you are filling this form out digitally, it will automatically populate your name and social security number on the top. If you are filling it out by hand please make sure to put your information in. Block 15a is just an agreement statement, if you are currently receiving pay from the VA disability compensation make sure to put the effective date and payment amount in c-d. You can find that information on VA.gov or on your award letter that they send to you.

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| MEMBER NAME (Last, First, Middle Initial)   |  |   |  | SSN  |  |
| <b>SECTION IV - VETERANS AFFAIRS (VA) DISABILITY COMPENSATION INFORMATION</b>   |  |   |  |  |  |
| <b>15. VA DISABILITY COMPENSATION</b>   |  |   |  |  |  |
| <b>a. IN THE EVENT I AM AWARDED DISABILITY COMPENSATION BY THE VA, I WILL NOTIFY DFAS OF THE AMOUNT OF ANY AWARD, AS IT MAY IMPACT MY RETIRED PAY BENEFIT.</b><br><input type="checkbox"/> Agree  |  | <b>b. HAVE YOU APPLIED FOR OR ARE YOU RECEIVING VA COMPENSATION FOR A DISABILITY?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No |  | <b>c. EFFECTIVE DATE OF PAYMENT (YYYYMMDD)</b>                 | <b>d. MONTHLY AMOUNT OF PAYMENT</b>  |
| <b>SECTION V - DESIGNATION OF BENEFICIARIES FOR UNPAID RETIRED PAY (See Instructions)</b>   |  |   |  |  |  |
| <input type="checkbox"/> Check this box if you want to designate your spouse as 100% beneficiary of any unpaid retired pay upon death <b>OR</b> complete Item 16  |  |   |  |  |  |
| <b>16. BENEFICIARY OR BENEFICIARIES INFORMATION</b>   |  |   |  |  |  |
| Complete this section if you want to designate a beneficiary or beneficiaries to receive any unpaid retired pay you are due at death.<br>If you do not complete this section <b>OR</b> check the block above, it will cause significant delay in disbursement of remaining pay upon your death. |  |   |  | Add Row  | Remove Last Row  |
| <b>a. NAME (Last, First, Middle Initial)</b>  | <b>b. SSN</b>  | <b>c. ADDRESS (Street, City, State, ZIP Code)</b>   |  | <b>d. RELATIONSHIP</b>   | <b>e. SHARE</b>  |
| (1)   |  |   |  |  | %  |
| (2)   |  |   |  |  | %  |
| (3)   |  |   |  |  | %  |
| <b>SECTION VI - FEDERAL INCOME TAX WITHHOLDING INFORMATION (Submit information in Items 17 – 21 in lieu of IRS Form W-4 for tax purposes.)</b>  |  |   |  |  |  |
| <b>17. MARITAL STATUS (check one)</b><br><input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED<br><input type="checkbox"/> MARRIED BUT WITHHOLD AT HIGHER SINGLE RATE  |  | <b>18. TOTAL NUMBER OF EXEMPTIONS CLAIMED</b>   | <b>19. ADDITIONAL WITHHOLDING (Optional)</b> | <b>20. I CLAIM EXEMPTION FROM WITHHOLDING (Enter "EXEMPT")</b> | <b>21. ARE YOU A UNITED STATES CITIZEN?</b><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No (See Instructions) |
| <b>SECTION VII - VOLUNTARY STATE TAX WITHHOLDING INFORMATION (Complete only if monthly withholding is desired.)</b>   |  |   |  |  |  |
| <b>22. STATE DESIGNATED TO RECEIVE TAX</b><br>Kentucky  | <b>23. MONTHLY AMOUNT (If none, dollar amount not less than \$10.00)</b> | <b>24. RESIDENCE ADDRESS (if different from address listed in Block 9)</b><br><b>a. STREET (Include apartment number)</b>                         |  | <b>b. CITY</b>   | <b>c. STATE</b>  |
|   |  |   |  |  | <b>d. ZIP CODE</b>   |
| <div style="border: 1px solid black; height: 150px; width: 100%;"></div>  |  |   |  |  |  |
| DD FORM 2656, OCT 2018  |  |   | PREVIOUS EDITION IS OBSOLETE.                |  | Page 2 of 5<br>AEM LiveCycle Designer  |



For Section V if you check the box directly under it, that will designate your spouse as your 100% beneficiary. For those of you with children under the age of 18 or 22 (still in college unmarried) do not check this box, you will need to put your children's information. Always make sure that you look at your original DD 1883 or DD 2656-5 to see what option you have chosen. By law (10 U.S.C. 1448) what you chose on the DD 1883 or DD2656-5 is irrevocable unless, remarriage, death or major life changing event. Children who are over the age of 18 or 22(in college and unmarried) will fall off coverage when they are no longer eligible.

|   |  |   |   |
|---|--|---|---|
| MEMBER NAME (Last, First, Middle Initial)   |  | SSN   |   |
| <b>SECTION IV - VETERANS AFFAIRS (VA) DISABILITY COMPENSATION INFORMATION</b>   |  |   |   |
| <b>15. VA DISABILITY COMPENSATION</b>   |  |   |   |
| a. IN THE EVENT I AM AWARDED DISABILITY COMPENSATION BY THE VA, I WILL NOTIFY DFAS OF THE AMOUNT OF ANY AWARD, AS IT MAY IMPACT MY RETIRED PAY BENEFIT.<br><input type="checkbox"/> Agree   | b. HAVE YOU APPLIED FOR OR ARE YOU RECEIVING VA COMPENSATION FOR A DISABILITY?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | c. EFFECTIVE DATE OF PAYMENT (YYYYMMDD)   | d. MONTHLY AMOUNT OF PAYMENT                          |
| <b>SECTION V - DESIGNATION OF BENEFICIARIES FOR UNPAID RETIRED PAY (See Instructions)</b>   |  |   |   |
| <input type="checkbox"/> Check this box if you want to designate your spouse as 100% beneficiary of any unpaid retired pay upon death OR complete Item 16   |  |   |   |
| <b>16. BENEFICIARY OR BENEFICIARIES INFORMATION</b>   |  |   |   |
| Complete this section if you want to designate a beneficiary or beneficiaries to receive any unpaid retired pay you are due at death. If you do not complete this section OR check the block above, it will cause significant delay in disbursement of remaining pay upon your death. |  |   |   |
| a. NAME (Last, First, Middle Initial)   |  | b. SSN  | c. ADDRESS (Street, City, State, ZIP Code)            |
| d. RELATIONSHIP   |  | e. SHARE  |   |
| (1)   |  |   | %   |
| (2)   |  |   | %   |
| (3)   |  |   | %   |
| <b>SECTION VI - FEDERAL INCOME TAX WITHHOLDING INFORMATION (Submit information in Items 17 – 21 in lieu of IRS Form W-4 for tax purposes.)</b>  |  |   |   |
| 17. MARITAL STATUS (Check one)<br><input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED<br><input type="checkbox"/> MARRIED BUT WITHHOLD AT HIGHER SINGLE RATE   | 18. TOTAL NUMBER OF EXEMPTIONS CLAIMED   | 19. ADDITIONAL WITHHOLDING (Optional)   | 20. I CLAIM EXEMPTION FROM WITHHOLDING (Enter EXEMPT) |
| 21. ARE YOU A UNITED STATES CITIZEN?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (See Instructions)  |  |   |   |
| <b>SECTION VII - VOLUNTARY STATE TAX WITHHOLDING INFORMATION (Complete only if monthly withholding is desired.)</b>   |  |   |   |
| 22. STATE DESIGNATED TO RECEIVE TAX<br>Kentucky   | 23. MONTHLY AMOUNT (Whole dollar amount not less than \$10.00)   | 24. RESIDENCE ADDRESS (if different from address listed in Block 9)<br>a. STREET (include apartment number) | b. CITY c. STATE d. ZIP CODE                          |

For Section VI block 17-19 are self explanatory and based off of your W-4. If you are disabled and drawing Social Security, in block 20 you will put “exempt” and leave blocks 17-19 blank. Note you must file a new W-4 yearly (Feb 15<sup>th</sup>) with DFAS-Cleveland. Section VII: the state of Kentucky does not tax Military Retirement unless you exceed \$41,110.

|   |        |  |   |
|---|--------|--|---|
| MEMBER NAME (Last, First, Middle Initial)   |        | SSN  |   |
| <b>SECTION IV - VETERANS AFFAIRS (VA) DISABILITY COMPENSATION INFORMATION</b>   |        |  |   |
| <b>15. VA DISABILITY COMPENSATION</b>   |        |  |   |
| a. IN THE EVENT I AM AWARDED DISABILITY COMPENSATION BY THE VA, I WILL NOTIFY DFAS OF THE AMOUNT OF ANY AWARD, AS IT MAY IMPACT MY RETIRED PAY BENEFIT.<br><input type="checkbox"/> Agree   |        | b. HAVE YOU APPLIED FOR OR ARE YOU RECEIVING VA COMPENSATION FOR A DISABILITY?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |   |
|   |        | c. EFFECTIVE DATE OF PAYMENT (YYYYMMDD)  | d. MONTHLY AMOUNT OF PAYMENT  |
| <b>SECTION V - DESIGNATION OF BENEFICIARIES FOR UNPAID RETIRED PAY (See Instructions)</b>   |        |  |   |
| <input type="checkbox"/> Check this box if you want to designate your spouse as 100% beneficiary of any unpaid retired pay upon death OR complete Item 16   |        |  |   |
| <b>16. BENEFICIARY OR BENEFICIARIES INFORMATION</b> <span style="float:right">Add Row Remove Last Row</span>  |        |  |   |
| Complete this section if you want to designate a beneficiary or beneficiaries to receive any unpaid retired pay you are due at death. If you do not complete this section OR check the block above, it will cause significant delay in disbursement of remaining pay upon your death. |        |  |   |
| a. NAME (Last, First, Middle Initial)   | b. SSN | c. ADDRESS (Street, City, State, ZIP Code)   | d. RELATIONSHIP   |
| e. SHARE  |        |  |   |
| (1)   |        |  |   |
| (2)   |        |  |   |
| (3)   |        |  |   |
| <b>SECTION VI - FEDERAL INCOME TAX WITHHOLDING INFORMATION (Submit information in Items 17 – 21 in lieu of IRS Form W-4 for tax purposes.)</b>  |        |  |   |
| 17. MARITAL STATUS (check one)<br><input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED<br><input type="checkbox"/> MARRIED BUT WITHHOLD AT HIGHER SINGLE RATE   |        | 18. TOTAL NUMBER OF EXEMPTIONS CLAIMED   | 19. ADDITIONAL WITHHOLDING (Optional)   |
|   |        | 20. I CLAIM EXEMPTION FROM WITHHOLDING (Enter "EXEMPT")  | 21. ARE YOU A UNITED STATES CITIZEN?<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No (See instructions) |
| <b>SECTION VII - VOLUNTARY STATE TAX WITHHOLDING INFORMATION (Complete only if monthly withholding is desired.)</b>   |        |  |   |
| 22. STATE DESIGNATED TO RECEIVE TAX<br>Kentucky   |        | 23. MONTHLY AMOUNT (If none, dollar amount not less than \$10.00)  |   |
|   |        | 24. RESIDENCE ADDRESS (if different from address listed in Block 9)  |   |
|   |        | a. STREET (Include apartment number)   | b. CITY   |
|   |        | c. STATE   | d. ZIP CODE   |

Section VIII is for those who are in the Blended Retirement System. They are the only individuals that can elect anything on this page. Note- **DO NOT SIGN OR MAKE ANY ELECTIONS IF YOU ARE NOT BLENDED. IT WILL CONFUSE HRC AND CAUSE A DELAY IN PROCESSING YOUR APPLICATION.**

|   |   |                                  |
|---|---|----------------------------------|
| MEMBER NAME (Last, First, Middle Initial)   |   | SSN                              |
| <b>DO NOT COMPLETE PART II,<br/>If you are not covered by the BLENDED RETIREMENT SYSTEM or do not want to elect a lump sum of retired pay</b>   |   |                                  |
| <b>PART II - LUMP SUM ELECTION</b>  |   |                                  |
| This election must be made <b>NO LATER THAN 90 days</b> prior to the date in Part I, Section I, Item 4, in accordance with 10 U.S.C. §1415. For example, if the date in Block 4 is June 1, 2018, the date in Block 28b must be on or before March 3, 2018.  |   |                                  |
| <b>SECTION VIII - BLENDED RETIREMENT SYSTEM LUMP SUM ELECTION</b><br><i>Members covered by the Blended Retirement System may, upon retirement (regular retirement), or upon reaching the age of eligibility to receive retired pay (non-regular retirement) elect to receive a portion of his or her retired pay as a lump sum. The lump sum is a discounted present value of a portion of that member's retired pay; not the same amount that would be received otherwise. It is highly recommended that you consult with a financial counselor before electing a lump sum of retired pay.</i>   |   |                                  |
| <b>25. LUMP SUM PERCENTAGE</b><br><small>(Check one only, if electing to receive a LUMP SUM; if no choice is indicated you will default to receiving your full retired pay on a monthly basis)</small>  | <b>26. LUMP SUM PAYMENTS</b><br><small>(Check one only. Complete Block 26 only, if electing a LUMP SUM in Block 25)</small> |                                  |
| <input type="checkbox"/> a. I elect to receive a <b>25 PERCENT</b> lump sum that is a discounted portion of my retired pay for the period from when I am eligible to begin receiving retired pay until I reach full social security retirement age.   | <input type="checkbox"/> a. <b>ONE INSTALLMENT</b>  |                                  |
| <input type="checkbox"/> b. I elect to receive a <b>50 PERCENT</b> lump sum that is a discounted portion of my retired pay for the period from when I am eligible to begin receiving retired pay until I reach full social security retirement age.   | <input type="checkbox"/> b. <b>TWO EQUAL ANNUAL INSTALLMENTS</b>  |                                  |
|   | <input type="checkbox"/> c. <b>THREE EQUAL ANNUAL INSTALLMENTS</b>  |                                  |
|   | <input type="checkbox"/> d. <b>FOUR EQUAL ANNUAL INSTALLMENTS</b>   |                                  |
| <b>27. LUMP SUM CONSIDERATIONS</b> (Read the following carefully before signing in Block 28.)   |   |                                  |
| <ul style="list-style-type: none"> <li>You are only eligible to elect a lump sum if you are qualified for a Regular or Non-Regular retirement under the Blended Retirement System. If you are retiring with a disability retirement under 10 U.S.C., Chapter 01, you are not eligible to elect a lump sum.</li> <li>A lump sum election must be made <b>NO LATER THAN 90 days</b> prior to the date of your retirement (for Regular Retirement) or 90 days prior to the date you are eligible to begin receiving retired pay (for Non-Regular Retirement), as indicated in Part I, Section I, Block 4.</li> <li>You may elect to receive either a 25 percent or 50 percent discounted portion of your future estimated retired pay as a discounted lump sum in exchange for reduced monthly retired pay until you reach your full Social Security Retirement Age.</li> <li>As a result of electing a lump sum, your monthly retired pay will be reduced to either 75 or 50 percent of its normal amount depending on whether you elect to receive 25 or 50 percent. At Full Social Security Retirement Age, your monthly retired pay will be restored to its full amount.</li> <li>The discount rate used to calculate your lump sum is the rate published by the Department of Defense in June of the year prior to the year of your retirement or year you first become eligible for retired pay, based on the date in Part I, Section I, Block 4.</li> <li>A lump sum payment is earned income for purposes of Federal Income Tax – receipt of it may have significant tax implications.</li> <li>The amount of the lump sum is based on your calculated military retired pay, the discount rate in effect for the year in which you retire or become eligible to begin receiving retired pay, and the remaining amount of time until you reach full Social Security Retirement Age. Once distributed, you do not have the ability to seek review of or challenge the amount of the lump sum with regard to any assumptions or factors used to compute the amount of the lump sum.</li> <li>Survivor Benefit Plan premiums (Part III) will still be deducted from your remaining monthly retired pay should you elect the lump sum. The premiums and your beneficiary's coverage will be based on the unreduced amount of your monthly retired pay, as if you had not elected a lump sum, unless you indicate otherwise in Block 35 of Part III.</li> <li>If you expect to receive a disability rating from the Department of Veterans Affairs, dependent upon your rating, your ability to receive disability compensation could be affected by the lump sum.</li> <li>It is important to understand that a lifetime of full monthly payments will most likely be worth more than the lump sum with reduced monthly retired pay. It is highly recommended that you consult with a financial counselor before electing a lump sum of retired pay.</li> </ul> |   |                                  |
| <b>COMPARE YOUR ESTIMATED RETIREMENT BENEFITS WITH OR WITHOUT THE LUMP SUM:</b><br><a href="http://militarypay.defense.gov/Calculators/">http://militarypay.defense.gov/Calculators/</a>  |   |                                  |
| <b>28. LUMP SUM ACKNOWLEDGEMENT</b><br>By signing below, I am indicating that I am aware that I am electing to receive a discounted portion of my retired pay as a lump sum, and that this lump sum will likely be less than I would have received if I had not elected to receive it. I am aware that there are resources available to assist me in making this decision, and that I have reviewed a comparison of my retirement benefits with and without a lump sum. I am also aware that once accepted, I may not seek review of, or otherwise challenge the amount of the lump sum, particularly in regard to deviations from future cost of living adjustments, actuarial assumptions, or other factors used in computing this amount.  |   |                                  |
| <b>a. MEMBER SIGNATURE</b> (Sign only if electing a lump sum in Block 25)   |   | <b>b. DATE SIGNED</b> (YYYYMMDD) |

For Part III section IX, put your spouse's information in blocks 29-30. If you have divorced and remarried you will need to add certified copies along with copies of your election changes (DD form 2656-6). Blocks 32 are for dependents under the age of 18 or 22 (in college unmarried). I've seen some grandparents with full custody of grandchildren add them here but in the additional documents they needed to also submit proper court documentation showing custodial rights.

|   |  |  |  |
|---|--|--|--|
| MEMBER NAME (Last, First, Middle Initial)   |  | SSN  |  |
| <b>PART III - SURVIVOR BENEFIT PLAN</b>   |  |  |  |
| <b>SECTION IX - DEPENDENCY INFORMATION</b> (This section must be completed regardless of SBP Election.)   |  |  |  |
| <b>29. SPOUSE</b>   |  |  |  |
| a. NAME (Last, First, Middle Initial)   |  | b. SSN   | c. DATE OF BIRTH (YYYYMMDD)                              |
| 30. DATE OF MARRIAGE (YYYYMMDD)   |  | 31. PLACE OF MARRIAGE (See Instructions)       |  |
| <b>32. DEPENDENT CHILDREN</b>   |  |  |  |
| Indicate which child or children resulted from marriage to a former spouse by entering (FS) after relationship in column d.<br>Add rows or continue on separate paper if necessary.   |  |  |  |
| a. NAME (Last, First, Middle Initial)   |  | b. SSN   | c. DATE OF BIRTH (YYYYMMDD)                              |
|   |  | d. RELATIONSHIP (Son, daughter, stepson, etc.) | e. DISABLED?   |
| (1)   |  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (2)   |  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (3)   |  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>SECTION X - SURVIVOR BENEFIT PLAN (SBP) ELECTION</b> (You should consult a Survivor Benefit Plan counselor before making an election.)   |  |  |  |
| If you make no election, maximum coverage will be established for your spouse and/or eligible dependent children  |  |  |  |
| <b>33. RESERVE COMPONENT ONLY</b> (This section refers to the decision you previously made on the DD Form 2656-5 when you were notified of eligibility to retire, in most cases you do not have the right to make a new election on this form)  |  |  |  |
| Reserve/National Guard members who achieve 20 qualifying years of service make the election to participate in the Reserve Component (RC) SBP on DD Form 2656-5 within 90 days of being notified of eligibility for a non-regular retirement not when applying for retired pay, unless that member previously elected to defer coverage. You must indicate your previous election in Block 33a through 33c before proceeding to Block 34. If you previously elected Option B or Option C, DO NOT enter an election in Block 34. (Check only one in Block 33a through 33c.) |  |  |  |
| <input type="checkbox"/> <b>OPTION A - Previously declined to make an election until eligible to receive retired pay</b> (Proceed to Block 34 to make election)   |  |  |  |
| <input type="checkbox"/> <b>OPTION B - Previously elected coverage to begin at age 60</b> (Do not make an election in Block 34, you have already elected coverage.)   |  |  |  |
| <input type="checkbox"/> <b>OPTION C - Previously elected or defaulted to immediate RC-SBP Coverage</b> (Do not make an election in Block 34, you have already elected coverage.)   |  |  |  |
| <small>NOTE: If you were married at the time you were notified of eligibility for non-regular retirement and did not complete DD Form 2656-5, you defaulted to full coverage under OPTION C - do not make an election in Block 34</small>   |  |  |  |
| Marital status has changed since your initial election to participate in RC-SBP.  |  |  |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Attach Page with Explanation   |  |  |  |
| <input type="button" value="Add Attachment"/> <input type="button" value="View Selected Attachment"/> <input type="button" value="Remove Selected Attachment"/>   |  |  |  |
| <b>34. SBP BENEFICIARY CATEGORIES</b> (Check one only. See Instructions and Section X.)   |  |  |  |
| <input type="checkbox"/> a. I ELECT COVERAGE FOR SPOUSE ONLY I have Dependent Child(ren) <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |  |
| <input type="checkbox"/> b. I ELECT COVERAGE FOR SPOUSE AND CHILD(REN)  |  |  |  |
| <input type="checkbox"/> c. I ELECT COVERAGE FOR CHILD(REN) ONLY I have a Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |  |
| <input type="checkbox"/> d. I ELECT COVERAGE FOR THE PERSON NAMED IN BLOCK 37 WHO HAS AN INSURABLE INTEREST IN ME (See Instructions)  |  |  |  |
| <input type="checkbox"/> e. I ELECT COVERAGE FOR MY FORMER SPOUSE INDICATED IN BLOCK 38 (See Instructions)<br><small>Complete DD 2656-1, "Survivor Benefit Plan (SBP) Election Statement for Former Spouse Coverage"</small>  |  |  |  |
| <input type="checkbox"/> f. I ELECT COVERAGE FOR MY FORMER SPOUSE AND DEPENDENT CHILD(REN) OF THAT MARRIAGE   |  |  |  |
| <input type="checkbox"/> g. I ELECT NOT TO PARTICIPATE IN SBP I have eligible dependents under the plan. If Yes, spouse concurrence is required in Part V. <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |  |
| <b>35. SBP LEVEL OF COVERAGE</b> (Check one only. Complete UNLESS Option B or Option C was selected in 33. Check Box 34 d or 34 g was selected. See Instructions.)  |  |  |  |
| <input type="checkbox"/> a. I ELECT COVERAGE BASED ON FULL GROSS PAY<br><small>If I elected the Career Status Bonus under REDUX or a lump sum of retired pay under the Blended Retirement System (Part III), full gross pay is the amount of retired pay I would have received had I NOT elected the Career Status Bonus or Lump Sum.<br/>(Spouse concurrence is required in Part V)</small>  |  |  |  |
| <input type="checkbox"/> b. I ELECT COVERAGE WITH A REDUCED BASE AMOUNT OF \$ _____<br><small>(Spouse concurrence is required in Part V)</small>  |  |  |  |
| <input type="checkbox"/> c. CSB / REDUX MEMBERS ONLY <input type="checkbox"/> I elect coverage based on my actual Reduced Retired Pay Under REDUX.<br><input type="checkbox"/> I understand that this represents a Reduced Base Amount and requires Spouse Concurrence. (See Instructions)<br><small>(Spouse concurrence is required in Part V)</small>   |  |  |  |
| <input type="checkbox"/> d. I ELECT COVERAGE BASED ON THE THRESHOLD AMOUNT IN EFFECT ON THE DATE OF RETIREMENT.<br><small>(Spouse concurrence is required in Part V)</small>  |  |  |  |

For Section X you will need to look at your DD 1883 or DD 2656-5. If previously you chose Option A you will again choose Option A in block 33, then add your specifics in block 34 and 35. If you had chosen Option B previously, then blocks 34-37j will become greyed out meaning the beneficiaries you had previously are now your current beneficiaries. Option C will also gray out blocks 34-37j but please make sure that the marital status block is checked and you add the divorce decree to your packet along with any election changes.

|   |        |  |  |
|---|--------|--|--|
| MEMBER NAME (Last, First, Middle Initial)   |        | SSN                                      |  |
| <b>PART III - SURVIVOR BENEFIT PLAN</b>   |        |  |  |
| SECTION IX - DEPENDENCY INFORMATION (This section must be completed regardless of SBP Election.)  |        |  |  |
| 29. SPOUSE  |        |  |  |
| a. NAME (Last, First, Middle Initial)   | b. SSN | c. DATE OF BIRTH (YYYYMMDD)              |  |
| 30. DATE OF MARRIAGE (YYYYMMDD)   |        | 31. PLACE OF MARRIAGE (See Instructions) |  |
| 32. DEPENDENT CHILDREN <span style="float: right;">Add Row Remove Last Row</span>   |        |  |  |
| Indicate which child or children resulted from marriage to a former spouse by entering (FS) after relationship in column d. Add rows or continue on separate paper if necessary.  |        |  |  |
| a. NAME (Last, First, Middle Initial)   | b. SSN | c. DATE OF BIRTH (YYYYMMDD)              | d. RELATIONSHIP (Son, daughter, stepson, etc.)           |
| (1)   |        |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (2)   |        |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (3)   |        |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| SECTION X - SURVIVOR BENEFIT PLAN (SBP) ELECTION (You should consult a Survivor Benefit Plan counselor before making an election.)  |        |  |  |
| If you make no election, maximum coverage will be established for your spouse and/or eligible dependent children  |        |  |  |
| 33. RESERVE COMPONENT ONLY (This section refers to the decision you previously made on the DD Form 2656-5 when you were notified of eligibility to retire, in most cases you do not have the right to make a new election on this form.)  |        |  |  |
| Reserve/National Guard members who achieve 20 qualifying years of service make the election to participate in the Reserve Component (RC) SBP on DD Form 2656-5 within 90 days of being notified of eligibility for a non-regular retirement not when applying for retired pay, unless that member previously elected to defer coverage. You must indicate your previous election in Block 33a through 33c before proceeding to Block 34. If you previously elected Option B or Option C, DO NOT enter an election in Block 34. (Check only one in Block 33a through 33c.) |        |  |  |
| <input type="checkbox"/> OPTION A - Previously declined to make an election until eligible to receive retired pay (Proceed to Block 34 to make election)  |        |  |  |
| <input checked="" type="checkbox"/> OPTION B - Previously elected coverage to begin at age 60 (Do not make an election in Block 34, you have already elected coverage.)   |        |  |  |
| <input type="checkbox"/> OPTION C - Previously elected or defaulted to immediate RC-SBP Coverage (Do not make an election in Block 34, you have already elected coverage.)  |        |  |  |
| NOTE: If you were married at the time you were notified of eligibility for non-regular retirement and did not complete DD Form 2656-5, you defaulted to full coverage under OPTION C - do not make an election in Block 34.   |        |  |  |
| Marital status has changed since your initial election to participate in RC-SBP.  |        |  |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Attach Page with Explanation   |        |  |  |
| <span>Add Attachment</span> <span>View Selected Attachment</span> <span>Remove Selected Attachment</span>   |        |  |  |
| 34. SBP BENEFICIARY CATEGORIES (Check one only. See Instructions and Section X.)  |        |  |  |
| <input type="checkbox"/> a. I ELECT COVERAGE FOR SPOUSE ONLY I have Dependent Child(ren) <input type="checkbox"/> Yes <input type="checkbox"/> No   |        |  |  |
| <input type="checkbox"/> b. I ELECT COVERAGE FOR SPOUSE AND CHILD(REN)  |        |  |  |
| <input type="checkbox"/> c. I ELECT COVERAGE FOR CHILD(REN) ONLY I have a Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No   |        |  |  |
| <input type="checkbox"/> d. I ELECT COVERAGE FOR THE PERSON NAMED IN BLOCK 37 WHO HAS AN INSURABLE INTEREST IN ME (See Instructions)  |        |  |  |
| <input type="checkbox"/> e. I ELECT COVERAGE FOR MY FORMER SPOUSE INDICATED IN BLOCK 38 (See Instructions) Complete DD 2656-1, "Survivor Benefit Plan (SBP) Election Statement for Former Spouse Coverage"  |        |  |  |
| <input type="checkbox"/> f. I ELECT COVERAGE FOR MY FORMER SPOUSE AND DEPENDENT CHILD(REN) OF THAT MARRIAGE   |        |  |  |
| <input type="checkbox"/> g. I ELECT NOT TO PARTICIPATE IN SBP I have eligible dependents under the plan. If Yes, spouse concurrence is required in Part V. <input type="checkbox"/> Yes <input type="checkbox"/> No   |        |  |  |
| 35. SBP LEVEL OF COVERAGE (Check one only. Complete UNLESS Option B or Option C was selected in 33 Q2. Check Box 34 d or 34 g was selected. See Instructions.)  |        |  |  |
| <input type="checkbox"/> a. I ELECT COVERAGE BASED ON FULL GROSS PAY (If I elected the Career Status Bonus under REDUX or a lump sum of retired pay under the Blended Retirement System (Part II), full gross pay is the amount of retired pay I would have received had I NOT elected the Career Status Bonus or Lump Sum.)  |        |  |  |
| <input type="checkbox"/> b. I ELECT COVERAGE WITH A REDUCED BASE AMOUNT OF \$ (Spouse concurrence is required in Part V)  |        |  |  |
| <input type="checkbox"/> c. CSB /REDUX MEMBERS ONLY <input type="checkbox"/> I elect coverage based on my actual Reduced Retired Pay Under REDUX. <input type="checkbox"/> I understand that this represents a Reduced Base Amount and requires Spouse Concurrence. (See Instructions)  |        |  |  |
| <input type="checkbox"/> d. I ELECT COVERAGE BASED ON THE THRESHOLD AMOUNT IN EFFECT ON THE DATE OF RETIREMENT. (Spouse concurrence is required in Part V)  |        |  |  |

|   |        |  |  |
|---|--------|--|--|
| MEMBER NAME (Last, First, Middle Initial)   |        | SSN                                      |  |
| <b>PART III - SURVIVOR BENEFIT PLAN</b>   |        |  |  |
| SECTION IX - DEPENDENCY INFORMATION (This section must be completed regardless of SBP Election.)  |        |  |  |
| 29. SPOUSE  |        |  |  |
| a. NAME (Last, First, Middle Initial)   | b. SSN | c. DATE OF BIRTH (YYYYMMDD)              |  |
| 30. DATE OF MARRIAGE (YYYYMMDD)   |        | 31. PLACE OF MARRIAGE (See Instructions) |  |
| 32. DEPENDENT CHILDREN <span style="float: right;">Add Row Remove Last Row</span>   |        |  |  |
| Indicate which child or children resulted from marriage to a former spouse by entering (FS) after relationship in column d. Add rows or continue on separate paper if necessary.  |        |  |  |
| a. NAME (Last, First, Middle Initial)   | b. SSN | c. DATE OF BIRTH (YYYYMMDD)              | d. RELATIONSHIP (Son, daughter, stepson, etc.)           |
| (1)   |        |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (2)   |        |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (3)   |        |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| SECTION X - SURVIVOR BENEFIT PLAN (SBP) ELECTION (You should consult a Survivor Benefit Plan counselor before making an election.)  |        |  |  |
| If you make no election, maximum coverage will be established for your spouse and/or eligible dependent children  |        |  |  |
| 33. RESERVE COMPONENT ONLY (This section refers to the decision you previously made on the DD Form 2656-5 when you were notified of eligibility to retire, in most cases you do not have the right to make a new election on this form.)  |        |  |  |
| Reserve/National Guard members who achieve 20 qualifying years of service make the election to participate in the Reserve Component (RC) SBP on DD Form 2656-5 within 90 days of being notified of eligibility for a non-regular retirement not when applying for retired pay, unless that member previously elected to defer coverage. You must indicate your previous election in Block 33a through 33c before proceeding to Block 34. If you previously elected Option B or Option C, DO NOT enter an election in Block 34. (Check only one in Block 33a through 33c.) |        |  |  |
| <input type="checkbox"/> OPTION A - Previously declined to make an election until eligible to receive retired pay (Proceed to Block 34 to make election)  |        |  |  |
| <input type="checkbox"/> OPTION B - Previously elected coverage to begin at age 60 (Do not make an election in Block 34, you have already elected coverage.)  |        |  |  |
| <input checked="" type="checkbox"/> OPTION C - Previously elected or defaulted to immediate RC-SBP Coverage (Do not make an election in Block 34, you have already elected coverage.)   |        |  |  |
| NOTE: If you were married at the time you were notified of eligibility for non-regular retirement and did not complete DD Form 2656-5, you defaulted to full coverage under OPTION C - do not make an election in Block 34.   |        |  |  |
| Marital status has changed since your initial election to participate in RC-SBP.  |        |  |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Attach Page with Explanation   |        |  |  |
| <span>Add Attachment</span> <span>View Selected Attachment</span> <span>Remove Selected Attachment</span>   |        |  |  |
| 34. SBP BENEFICIARY CATEGORIES (Check one only. See Instructions and Section X.)  |        |  |  |
| <input type="checkbox"/> a. I ELECT COVERAGE FOR SPOUSE ONLY I have Dependent Child(ren) <input type="checkbox"/> Yes <input type="checkbox"/> No   |        |  |  |
| <input type="checkbox"/> b. I ELECT COVERAGE FOR SPOUSE AND CHILD(REN)  |        |  |  |
| <input type="checkbox"/> c. I ELECT COVERAGE FOR CHILD(REN) ONLY I have a Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No   |        |  |  |
| <input type="checkbox"/> d. I ELECT COVERAGE FOR THE PERSON NAMED IN BLOCK 37 WHO HAS AN INSURABLE INTEREST IN ME (See Instructions)  |        |  |  |
| <input type="checkbox"/> e. I ELECT COVERAGE FOR MY FORMER SPOUSE INDICATED IN BLOCK 38 (See Instructions) Complete DD 2656-1, "Survivor Benefit Plan (SBP) Election Statement for Former Spouse Coverage"  |        |  |  |
| <input type="checkbox"/> f. I ELECT COVERAGE FOR MY FORMER SPOUSE AND DEPENDENT CHILD(REN) OF THAT MARRIAGE   |        |  |  |
| <input type="checkbox"/> g. I ELECT NOT TO PARTICIPATE IN SBP I have eligible dependents under the plan. If Yes, spouse concurrence is required in Part V. <input type="checkbox"/> Yes <input type="checkbox"/> No   |        |  |  |
| 35. SBP LEVEL OF COVERAGE (Check one only. Complete UNLESS Option B or Option C was selected in 33 Q2. Check Box 34 d or 34 g was selected. See Instructions.)  |        |  |  |
| <input type="checkbox"/> a. I ELECT COVERAGE BASED ON FULL GROSS PAY (If I elected the Career Status Bonus under REDUX or a lump sum of retired pay under the Blended Retirement System (Part II), full gross pay is the amount of retired pay I would have received had I NOT elected the Career Status Bonus or Lump Sum.)  |        |  |  |
| <input type="checkbox"/> b. I ELECT COVERAGE WITH A REDUCED BASE AMOUNT OF \$ (Spouse concurrence is required in Part V)  |        |  |  |
| <input type="checkbox"/> c. CSB /REDUX MEMBERS ONLY <input type="checkbox"/> I elect coverage based on my actual Reduced Retired Pay Under REDUX. <input type="checkbox"/> I understand that this represents a Reduced Base Amount and requires Spouse Concurrence. (See Instructions)  |        |  |  |
| <input type="checkbox"/> d. I ELECT COVERAGE BASED ON THE THRESHOLD AMOUNT IN EFFECT ON THE DATE OF RETIREMENT. (Spouse concurrence is required in Part V)  |        |  |  |

|  |                  |                             |                               |
|--|------------------|-----------------------------|-------------------------------|
| MEMBER NAME (Last, First, Middle Initial)  |                  | SSN                         |                               |
| 36. SPECIAL NEEDS TRUST (Check only if you intend to designate a special needs trust (SNT) as beneficiary for a child/children designated in item 32b as disabled. You must elect either 34b, 34c, or 34f to be eligible to designate an SNT. See DoDI 1332.42 for procedures for designating an SNT.)   |                  |                             |                               |
| <input type="checkbox"/> I INTEND TO DESIGNATE AN SNT AS BENEFICIARY FOR THE CHILD OR CHILDREN DESIGNATED AS DISABLED IN BLOCK 32. (It is your responsibility to separately submit a written statement of the decision to have the annuity paid to the SNT, an attorney's certification of that SNT, and the name and tax identification number for the SNT.)  |                  |                             |                               |
| 37. INSURABLE INTEREST BENEFICIARY (See Instructions prior to completing this section - DO NOT complete if you have an ELIGIBLE SPOUSE or FORMER SPOUSE)   |                  |                             |                               |
| a. NAME (Last, First, Middle Initial)  | b. SSN           | c. DATE OF BIRTH (YYYYMMDD) | d. RELATIONSHIP               |
| e. STREET (Include apartment number)   |                  | f. CITY                     | g. STATE h. ZIP CODE          |
| i. TELEPHONE (incl. area code)   | j. EMAIL ADDRESS |                             |                               |
| 38. FORMER SPOUSE INFORMATION (Complete only if you have a former spouse)  |                  |                             |                               |
| a. NAME (Last, First, Middle Initial)  | b. SSN           | c. DATE OF BIRTH (YYYYMMDD) | d. DATE OF DIVORCE (YYYYMMDD) |
| e. TELEPHONE (incl. area code)   | f. EMAIL ADDRESS |                             |                               |
| <b>PART IV - CERTIFICATION</b>   |                  |                             |                               |
| SECTION XI - CERTIFICATION   |                  |                             |                               |
| 39. MEMBER   |                  |                             |                               |
| Under penalties of perjury, I certify that the number of withholding exemptions claimed does not exceed the number to which I am entitled, and that all statements on this form are made with full knowledge of the penalties for making false statements (18 U.S.C. §287 and §1011) provide for a penalty of not more than \$10,000 fine, or 5 years in prison, or both. Also, I understand that if I elected less than full SBP coverage for my spouse, I will need my spouse's notarized concurrence signed no earlier than the date of my signature and prior to the date of my retirement; otherwise, by law, I will automatically be covered at the maximum spouse coverage. |                  |                             |                               |
| a. NAME (Last, First, Middle Initial)  | b. SIGNATURE     | c. DATE SIGNED (YYYYMMDD)   |                               |
| 40. WITNESS  |                  |                             |                               |
| a. NAME (Last, First, Middle Initial)  | b. SIGNATURE     | c. DATE SIGNED (YYYYMMDD)   |                               |
| d. UNIT OR ORGANIZATION ADDRESS (include room number)  |                  | e. CITY/BASE OR POST        | f. STATE g. ZIP CODE          |
| KYARNG-RSO 100 MINUTEMAN PKWY  |                  | FRANKFORT                   | KY 40601                      |



For Section XI you can have any witness you would like as long as they are not a named beneficiary.

|  |                           |                             |                               |
|--|---------------------------|-----------------------------|-------------------------------|
| MEMBER NAME (Last, First, Middle Initial)  |                           | SSN                         |                               |
| <b>36. SPECIAL NEEDS TRUST</b> (Check only if you intend to designate a special needs trust (SNT) as beneficiary for a child/children designated in Item 32c as disabled. You must elect either 34b, 34c, or 34f to be eligible to designate an SNT. See DoDI 1332.42 for procedures for designating an SNT.)<br><input type="checkbox"/> I INTEND TO DESIGNATE AN SNT AS BENEFICIARY FOR THE CHILD OR CHILDREN DESIGNATED AS DISABLED IN BLOCK 32.<br><small>(It is your responsibility to separately submit a written statement of the decision to have the annuity paid to the SNT, an attorney's certification of that SNT, and the name and tax identification number for the SNT.)</small> |                           |                             |                               |
| <b>37. INSURABLE INTEREST BENEFICIARY</b> (See instructions prior to completing this section - DO NOT complete if you have an ELIGIBLE SPOUSE or FORMER SPOUSE)  |                           |                             |                               |
| a. NAME (Last, First, Middle Initial)  | b. SSN                    | c. DATE OF BIRTH (YYYYMMDD) | d. RELATIONSHIP               |
| e. STREET (Include apartment number)   | f. CITY                   | g. STATE                    | h. ZIP CODE                   |
| i. TELEPHONE (incl. area code)   | j. EMAIL ADDRESS          |                             |                               |
| <b>38. FORMER SPOUSE INFORMATION</b> (Complete only if you have a former spouse)   |                           |                             |                               |
| a. NAME (Last, First, Middle Initial)  | b. SSN                    | c. DATE OF BIRTH (YYYYMMDD) | d. DATE OF DIVORCE (YYYYMMDD) |
| e. TELEPHONE (incl. area code)   | f. EMAIL ADDRESS          |                             |                               |
| <b>PART IV - CERTIFICATION</b>   |                           |                             |                               |
| <b>SECTION XI - CERTIFICATION</b>  |                           |                             |                               |
| <b>39. MEMBER</b>  |                           |                             |                               |
| Under penalties of perjury, I certify that the number of withholding exemptions claimed does not exceed the number to which I am entitled, and that all statements on this form are made with full knowledge of the penalties for making false statements (18 U.S.C. §207 and §1001) provide for a penalty of not more than \$10,000 fine, or 5 years in prison, or both). Also, I understand that if I elected less than full SBP coverage for my spouse, I will need my spouse's notarized concurrence signed no earlier than the date of my signature and prior to the date of my retirement; otherwise, by law, I will automatically be covered at the maximum spouse coverage.              |                           |                             |                               |
| a. NAME (Last, First, Middle Initial)  | b. SIGNATURE              | c. DATE SIGNED (YYYYMMDD)   |                               |
| <b>40. WITNESS</b>   |                           |                             |                               |
| a. NAME (Last, First, Middle Initial)  | b. SIGNATURE              | c. DATE SIGNED (YYYYMMDD)   |                               |
| d. UNIT OR ORGANIZATION ADDRESS (include room number)  | e. CITY/BASE OR POST      | f. STATE                    | g. ZIP CODE                   |
| KYARNG-RSO 100 MINUTEMAN PKWY  | FRANKFORT                 | KY                          | 40601                         |
| <b>PART V - SPOUSE SBP CONCURRENCE</b>   |                           |                             |                               |
| Required ONLY when the member is married and elects either: (a) child only SBP coverage; (b) does not elect full spouse SBP coverage; or (c) declines SBP coverage. The date of the spouse's signature in Block 41c MUST NOT be before the date of the member's signature in Block 39c, or on or after the date of retirement listed in Part I, Section I, Block 4. The spouse's signature MUST be notarized.  |                           |                             |                               |
| <b>SECTION XII - SBP SPOUSE CONCURRENCE</b>  |                           |                             |                               |
| <b>41. SPOUSE</b>  |                           |                             |                               |
| I hereby concur with the survivor benefit plan election made by my spouse. I have received information that explains the options available and the effects of those options. I know that retired pay stops on the day the retiree dies. I have signed this statement of my free will.  |                           |                             |                               |
| a. NAME (Last, First, Middle Initial)  | b. SIGNATURE              | c. DATE SIGNED (YYYYMMDD)   |                               |
| <b>42. NOTARY WITNESS</b>  |                           |                             |                               |
| On this [ ] day of [ ], 20 [ ], before me, the undersigned notary public, personally appeared (Name of Spouse in Block 41a.) [ ] provided to me through satisfactory evidence of identification, which were [ ] to be the person whose name is signed in block 41 a. of this document in my presence.  |                           |                             |                               |
| Signature of Notary [ ]  | My Commission Expires [ ] | NOTARY SEAL                 |                               |

For Section XII the only time Spouse Concurrence is required is if: you elected anything less than full SBP, elected child only SBP, or declined SBP Coverage.

|  |  |                             |                               |
|--|--|-----------------------------|-------------------------------|
| MEMBER NAME (Last, First, Middle Initial)  |  | SSN                         |                               |
| <b>36. SPECIAL NEEDS TRUST</b> (Check only if you intend to designate a special needs trust (SNT) as beneficiary for a child/children designated in Item 32c, as disabled. You must elect either 34b, 34c, or 34f, to be eligible to designate an SNT. See DoDI 1332.42 for procedures for designating an SNT.)<br><input type="checkbox"/> I INTEND TO DESIGNATE AN SNT AS BENEFICIARY FOR THE CHILD OR CHILDREN DESIGNATED AS DISABLED IN BLOCK 32.<br><small>(It is your responsibility to separately submit a written statement of the decision to have the annuity paid to the SNT, an attorney's certification of that SNT, and the name and tax identification number for the SNT.)</small>       |  |                             |                               |
| <b>37. INSURABLE INTEREST BENEFICIARY</b> (See instructions prior to completing this section - DO NOT complete if you have an ELIGIBLE SPOUSE or FORMER SPOUSE)  |  |                             |                               |
| a. NAME (Last, First, Middle Initial)  | b. SSN                                     | c. DATE OF BIRTH (YYYYMMDD) | d. RELATIONSHIP               |
| e. STREET (Include apartment number)   | f. CITY                                    | g. STATE                    | h. ZIP CODE                   |
| i. TELEPHONE (incl. area code)   | j. EMAIL ADDRESS                           |                             |                               |
| <b>38. FORMER SPOUSE INFORMATION</b> (Complete only if you have a former spouse)   |  |                             |                               |
| a. NAME (Last, First, Middle Initial)  | b. SSN                                     | c. DATE OF BIRTH (YYYYMMDD) | d. DATE OF DIVORCE (YYYYMMDD) |
| e. TELEPHONE (incl. area code)   | f. EMAIL ADDRESS                           |                             |                               |
| <b>PART IV - CERTIFICATION</b>   |  |                             |                               |
| <b>SECTION XI - CERTIFICATION</b>  |  |                             |                               |
| <b>39. MEMBER</b><br>Under penalties of perjury, I certify that the number of withholding exemptions claimed does not exceed the number to which I am entitled, and that all statements on this form are made with full knowledge of the penalties for making false statements (18 U.S.C. §207 and §1001) provide for a penalty of not more than \$10,000 fine, or 5 years in prison, or both). Also, I understand that if I elected less than full SBP coverage for my spouse, I will need my spouse's notarized concurrence signed no earlier than the date of my signature and prior to the date of my retirement; otherwise, by law, I will automatically be covered at the maximum spouse coverage. |  |                             |                               |
| a. NAME (Last, First, Middle Initial)  | b. SIGNATURE                               | c. DATE SIGNED (YYYYMMDD)   |                               |
| <b>40. WITNESS</b>   |  |                             |                               |
| a. NAME (Last, First, Middle Initial)  | b. SIGNATURE                               | c. DATE SIGNED (YYYYMMDD)   |                               |
| d. UNIT OR ORGANIZATION ADDRESS (Include room number)  | e. CITY/BASE OR POST                       | f. STATE                    | g. ZIP CODE                   |
| KYARNG-RSO 100 MINUTEMAN PKWY  | FRANKFORT                                  | KY                          | 40601                         |
| <b>PART V - SPOUSE SBP CONCURRENCE</b>   |  |                             |                               |
| Required ONLY when the member is married and elects either: (a) child only SBP coverage, (b) does not elect full spouse SBP coverage; or (c) declines SBP coverage. The date of the spouse's signature in Block 41c MUST NOT be before the date of the member's signature in Block 39c, or on or after the date of retirement listed in Part I, Section I, Block 4. The spouse's signature MUST be notarized.  |  |                             |                               |
| <b>SECTION XII - SBP SPOUSE CONCURRENCE</b>  |  |                             |                               |
| <b>41. SPOUSE</b>  |  |                             |                               |
| I hereby concur with the Survivor Benefit Plan election made by my spouse. I have received information that explains the options available and the effects of those options. I know that retired pay stops on the day the retiree dies. I have signed this statement of my free will.  |  |                             |                               |
| a. NAME (Last, First, Middle Initial)  | b. SIGNATURE                               | c. DATE SIGNED (YYYYMMDD)   |                               |
| <b>42. NOTARY WITNESS</b>  |  |                             |                               |
| On this <input type="text"/> day of <input type="text"/> , 20 <input type="text"/> , before me, the undersigned notary public, personally appeared (Name of Spouse in Block 41a.) <input type="text"/> provided to me through satisfactory evidence of identification, which were <input type="text"/> to be the person whose name is signed in block 41 a. of this document in my presence.   |  |                             |                               |
| Signature of Notary <input type="text"/>   | My Commission Expires <input type="text"/> | NOTARY SEAL                 |                               |



Once you have filled out all 3 forms, you will need to add supporting documents. Below are some of the required documents. If you deployed after 2008 you could be eligible for Reduced Age Retirement which means for each 90 day aggregated increment deployed, within a Fiscal Year, 90 days will be taken away from the RPED date. With that being said your Tricare Coverage only starts at age 60.

**CHECKLIST TO APPLY FOR RETIRED PAY**

- DD 2656 (DATA for PAYMENT of RETIRED PERSONNEL)
- DD 108 (APPLICATION for RETIRED PAY)
- NGB 23B (RETIREMENT POINTS HISTORY STATEMENT)
- 20 YEAR LETTER / NOTICE OF ELIGIBILITY (NOE)
- DD 1883 or DD 2656-5 (RC-SBP ELECTIONS)
- SEPARATION ORDER (TRANSFER TO RETIRED RESERVE)
- PROMOTION ORDER (APPLYING AT HIGHER RANK HELD)
- FMS 2231 (DIRECT DEPOSIT SIGN UP FORM)
- ANY ELECTION CHANGE CERTIFICATES

**IF APPLICABLE**

- DIVORCE DECREE
- MARRIAGE CERTIFICATE
- BIRTH CERTIFICATE
- DEATH CERTIFICATE
- AGE WAIVER
- 1059 COMPLETION CSM AND PROMO ORDER CSM

**IF EARLY DROP**

- DD 214
- ORDERS