

DATA FOR PAYMENT OF RETIRED PERSONNEL

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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 the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. 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.

PRIVACY ACT STATEMENT

AUTHORITY: 10 United States Code (U.S.C.) Chapter 71, Computation of Retired Pay; 10 U.S.C. 73, Annuities Based On Retired Or Retainer Pay; DoD Instruction 1332.42, Survivor Benefit Plan; and DoD Financial Management Regulation, 7000.14-R, Volume 7B.

PRINCIPAL PURPOSE(S): 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.

ROUTINE USE(S): 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 T7347b, Defense Military Retiree and Annuity Pay System Records, available at: <http://dpcl.d.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/570196/t7347b/>

DISCLOSURE: Voluntary; however, failure to provide requested information will result in delays in initiating retired/retainer pay.

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. PAY GRADE	6. BRANCH OF SERVICE <input type="checkbox"/> a. ARMY <input type="checkbox"/> b. MARINE CORPS <input type="checkbox"/> c. NAVY <input type="checkbox"/> d. COAST GUARD <input type="checkbox"/> e. AIR FORCE <input type="checkbox"/> f. SPACE FORCE <input type="checkbox"/> g. NOAA <input type="checkbox"/> h. USPHS			
7. MEMBER OR FORMER MEMBER OF THE <input type="checkbox"/> a. REGULAR COMPONENT <input type="checkbox"/> b. RESERVE COMPONENT (all members of the Reserves and National Guard including Active Guard/Reserve and Full-Time Support) <input type="checkbox"/> (1) REGULAR RETIREMENT <input type="checkbox"/> (2) NON-REGULAR RETIREMENT		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) <input type="checkbox"/> b. HIGH-3 (also known as the "High 36") <input type="checkbox"/> c. CSB/REDUX (only members who elected the Career Status Bonus upon completion of 15 years of service) <input type="checkbox"/> d. BLENDED RETIREMENT SYSTEM (BRS) <input type="checkbox"/> e. DISABILITY		

9. ADDRESS (Ensure DFAS - Cleveland Center, or the Coast Guard PPC for non-DOD members, is advised whenever your correspondence address changes)

a. STREET (Include apartment number)		b. CITY	c. STATE	d. ZIP CODE	e. COUNTRY
f. APO/FPO	g. TELEPHONE (Incl. area code)	h. EMAIL ADDRESS		i. PREFERRED CONTACT METHOD (check one) <input type="checkbox"/> TELEPHONE <input type="checkbox"/> EMAIL	

SECTION II - DIRECT DEPOSIT / ELECTRONIC FUND TRANSFER (DD/EFT) INFORMATION (See Instructions)

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) <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	11. ROUTING NUMBER (See Instructions)	12. ACCOUNT NUMBER (See Instructions)
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13. FINANCIAL INSTITUTION

a. NAME	b. STREET (Include apartment number)	c. CITY	d. STATE	e. ZIP CODE
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SECTION III - SEPARATION PAYMENT INFORMATION

14. a. PAYMENT TYPE RECEIVED (Check one) <input type="checkbox"/> NONE <input type="checkbox"/> DISABILITY SEVERANCE PAY (DSP) <input type="checkbox"/> INVOLUNTARY / VOLUNTARY SEPARATION PAY (SP) <input type="checkbox"/> VOLUNTARY SEPARATION INCENTIVE (VSI) <input type="checkbox"/> SPECIAL SEPARATION BONUS (SSB) <input type="checkbox"/> OTHER	b. GROSS AMOUNT
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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

MEMBER NAME <i>(Last, First, Middle Initial)</i>	SSN
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SECTION IV - DEPARTMENT OF VETERANS AFFAIRS (VA) DISABILITY COMPENSATION INFORMATION

15. VA DISABILITY COMPENSATION

a. IN THE EVENT I AM AWARDED DISABILITY COMPENSATION BY THE VA, I WILL NOTIFY DFAS (OR THE COAST GUARD PPC FOR NON-DOD MEMBERS) OF THE AMOUNT OF ANY AWARD, AS IT MAY IMPACT MY RETIRED PAY BENEFIT. <input type="checkbox"/> Agree	b. HAVE YOU APPLIED FOR OR ARE YOU RECEIVING VA COMPENSATION FOR A DISABILITY? <input type="checkbox"/> Yes <input type="checkbox"/> No	c. EFFECTIVE DATE OF PAYMENT (YYYYMMDD)	d. MONTHLY AMOUNT OF PAYMENT
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SECTION V - DESIGNATION OF BENEFICIARIES FOR UNPAID RETIRED PAY *(See Instructions)*

Check this box if you want to designate your spouse as 100% beneficiary of any unpaid retired pay upon death **OR** complete Item 16.

16. BENEFICIARY OR BENEFICIARIES INFORMATION
 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 box above, your unpaid retired pay will be distributed to beneficiaries in accordance with 10 U.S.C. §2771.

a. NAME <i>(Last, First, Middle Initial)</i>	b. SSN	c. ADDRESS <i>(Street, City, State, ZIP Code)</i>	d. RELATIONSHIP	e. SHARE
1)				%
2)				%
3)				%
4)				%
5)				%
6)				%

SECTION VI - FEDERAL INCOME TAX WITHHOLDING INFORMATION *(Submit information in Items 17 – 21 in lieu of IRS Form W-4 for tax purposes.)*
 Please refer to the following IRS hyperlink for withholding questions: <https://www.irs.gov/forms-instructions>

17. MARITAL STATUS <i>(Check one)</i> <input type="checkbox"/> SINGLE OR MARRIED FILING SEPARATELY <input type="checkbox"/> MARRIED FILING JOINTLY <i>(Or qualifying widow/er)</i> <input type="checkbox"/> MARRIED, BUT WITHHOLDING AT THE HIGHER SINGLE RATE <input type="checkbox"/> HEAD OF HOUSEHOLD <i>(Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual)</i>	18. MULTIPLE JOBS OR SPOUSE WORKS <i>(Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs)</i> Do only one of the following: (a) Use the estimator at https://www.irs.gov/individuals/tax-withholding-estimator for most accurate withholding, or (b) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld. <input type="checkbox"/>
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19. ARE YOU A UNITED STATES CITIZEN? Yes No *(See instructions)*

20. CLAIM DEPENDENTS If your income will be \$200,000 or less (\$400,000 or less if married filing jointly) _____ Number of qualifying children under age 17 <i>(Multiply the number of qualifying children under age 17 by \$2,000)</i> _____ Number of other dependents <i>(Multiply the number of other dependents by \$500)</i> Add the amounts above and enter the total here: _____	21. OTHER INCOME <i>(Not from jobs)</i> . If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income: _____ 22. DEDUCTIONS If you expect to claim deductions other than the standard deduction and want to reduce your withholding, review the Deductions Worksheet on page 3 of the IRS Form W-4 and enter the result here: <i>(Estimate your deductions this year OR provide previous year's total deductions)</i> _____
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23. EXTRA WITHHOLDINGS. Enter any additional tax you want withheld each month: _____

SECTION VII - VOLUNTARY STATE TAX WITHHOLDING INFORMATION *(Complete only if monthly withholding is desired.)*

24. STATE DESIGNATED TO RECEIVE TAX	25. MONTHLY AMOUNT <i>(Whole dollar amount not less than \$10.00)</i>	26. RESIDENCE ADDRESS <i>(If different from address listed in Item 9)</i>			
		a. STREET <i>(Include apartment number)</i>	b. CITY	c. STATE	d. ZIP CODE

MEMBER NAME (Last, First, Middle Initial)		SSN
DO NOT COMPLETE PART II, If you ARE NOT covered by the Blended Retirement System OR DO NOT want to elect a lump sum of retired pay		
PART II - LUMP SUM ELECTION		
This election must be made NO LATER THAN 90 days 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 Item 4 is June 1, 2018, the date in Item 30.b. must be on or before March 3, 2018		
SECTION VIII - BRS LUMP SUM ELECTION <i>Members who participate in the BRS retirement plan may upon retirement (regular retirement or age of eligibility to receive retired pay for a non-regular retirement) elect to receive a portion of their retired pay as a lump sum. Lump sum considerations are discussed below. Retiring members should consult with a financial advisor before electing a lump sum of retired pay.</i>		
27. LUMP SUM PERCENTAGE <i>(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)</i>	28. LUMP SUM PAYMENTS <i>(Check one only. Complete Item 28 only, if electing a LUMP SUM in Item 27)</i>	
<input type="checkbox"/> a. I elect to receive a <u>25 PERCENT</u> 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.	I ELECT TO RECEIVE THE LUMP SUM IN	
<input type="checkbox"/> b. I elect to receive a <u>50 PERCENT</u> 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. ONE INSTALLMENT	
	<input type="checkbox"/> b. TWO EQUAL ANNUAL INSTALLMENTS	
	<input type="checkbox"/> c. THREE EQUAL ANNUAL INSTALLMENTS	
	<input type="checkbox"/> d. FOUR EQUAL ANNUAL INSTALLMENTS	
29. LUMP SUM CONSIDERATIONS (Read the following carefully before signing in Item 30.)		
<ul style="list-style-type: none"> 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 61, you are not eligible to elect a lump sum. A lump sum election must be made NO LATER THAN 90 days 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, Item 4. 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. 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 in full. 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, Item 4. A lump sum payment is earned income for purposes of Federal Income Tax – receipt of it may have significant tax implications. 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. 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 Item 37 of Part III. If you expect to receive a disability rating from the Department of Veterans Affairs, depending upon your rating, your ability to receive disability compensation could be affected by the lump sum. 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. 		
COMPARE YOUR ESTIMATED RETIREMENT BENEFITS WITH OR WITHOUT THE LUMP SUM: http://militarypay.defense.gov/Calculators/		
30. LUMP SUM ACKNOWLEDGEMENT By signing below, I am indicating 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 there are resources available to assist me in making this decision, to include training available on JKO and the availability of financial counselors that can be located via https://installations.militaryonesource.mil/ to discuss my personal situation. Additionally, I have reviewed a comparison of my retirement benefits with and without a lump sum. I am 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.		
a. MEMBER SIGNATURE (Sign only if electing a lump sum in Item 28)	b. DATE SIGNED (YYYYMMDD)	

MEMBER NAME (Last, First, Middle Initial)	SSN
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PART III - SURVIVOR BENEFIT PLAN

SECTION IX - DEPENDENCY INFORMATION (This section must be completed regardless of SBP Election.)

31. SPOUSE (If no spouse enter N/A)

a. NAME (Last, First, Middle Initial)	b. SSN	c. DATE OF BIRTH (YYYYMMDD)
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32. DATE OF MARRIAGE (YYYYMMDD)

33. PLACE OF MARRIAGE (See Instructions)

34. DEPENDENT CHILDREN (If no dependent children enter N/A)

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.) Designate which children resulted from marriage to a former spouse, if any, by indicating (FS) after the relationship.	e. DISABLED? (If yes, substantiation of disabling condition and onset required. See instructions).
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
4)				<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

35. RESERVE COMPONENT ONLY (This section refers to the decision you previously made on the DD Form 2656-5 or the old form, the DD Form 1883 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 Item 35.a. through 35.c. before proceeding to Item 36. If you previously elected Option B or Option C, DO NOT enter an election in Item 36. (Check only one in Item 35.a. through 35.c.) For Active Guard/Reserve and Full-Time Support with a regular retirement, DO NOT enter an election.

- a. **OPTION A - Previously declined to make an election until eligible to receive retired pay** (Proceed to Item 36 to make election)
- b. **OPTION B - Previously elected coverage to begin at age 60** (Do not make an election in Item 36, 37, or 39, you have already elected coverage.)
- c. **OPTION C - Previously elected or defaulted to immediate RC-SBP Coverage** (Do not make an election in Item 36, 37, or 39, you have already elected coverage.)

NOTE: If you were married and/or had eligible children at the time you were notified of eligibility for non-regular retirement (on or after January 1, 2001) and did not complete DD Form 2656-5, you defaulted to full coverage under OPTION C – do not make an election in Item 36.

Marital status has changed since your initial election to participate in RC-SBP.

- Yes No If Yes, Attach Page with Explanation

36. SBP BENEFICIARY CATEGORIES (Check one only. See Instructions and Section X.)

- a. **I ELECT COVERAGE FOR SPOUSE ONLY** I have Dependent Child(ren) Yes No
- b. **I ELECT COVERAGE FOR SPOUSE AND CHILD(REN)**
- c. **I ELECT COVERAGE FOR CHILD(REN) ONLY** (Spouse concurrence required in Part V if 'Yes' is selected) I have a Spouse Yes No
- d. **I ELECT COVERAGE FOR THE PERSON NAMED IN ITEM 39 WHO HAS AN INSURABLE INTEREST IN ME** (See Instructions)
- e. **I ELECT COVERAGE FOR MY FORMER SPOUSE INDICATED IN ITEM 40** (See Instructions)
Complete DD Form 2656-1, "Survivor Benefit Plan (SBP) Election Statement for Former Spouse Coverage." Attach/Include court orders or agreements impacting on SBP continuation after divorce.
- f. **I ELECT COVERAGE FOR MY FORMER SPOUSE INDICATED IN ITEM 40 AND DEPENDENT CHILD(REN) OF THAT MARRIAGE**
(See instructions) Complete DD Form 2656-1, "Survivor Benefit Plan (SBP) Election Statement for Former Spouse Coverage." Attach/Include court orders or agreements impacting on SBP continuation after divorce.
- g. **I ELECT NOT TO PARTICIPATE IN SBP** I have eligible dependents under the plan. (If currently married spousal concurrence is required.) Yes No

MEMBER NAME <i>(Last, First, Middle Initial)</i>	SSN
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PART IV – CERTIFICATION

SECTION XI - CERTIFICATION

41. MEMBER *(DATE SIGNED must be before the date of retirement listed in Part I, Section I, Item 4)*

Under penalties of perjury, I certify that the number of claim dependents stated is accurate to my knowledge and 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 §1001) of not more than a \$10,000 fine, or 5 years in prison, or both. Also, I understand that if I am married and I elected less than full SBP coverage for my spouse, with the exception of a former spouse or former spouse and child election, 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 <i>(Last, First, Middle Initial)</i>	b. SIGNATURE	c. DATE SIGNED <i>(YYYYMMDD)</i>
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42. WITNESS *(This cannot be a spouse or dependent child or any other beneficiary listed on this form or anyone under the age of majority)*
Witness date **MUST** match the member's date.

a. NAME <i>(Last, First, Middle Initial)</i>	b. SIGNATURE	c. DATE SIGNED <i>(YYYYMMDD)</i>
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d. RELATIONSHIP TO THE RETIRING MEMBER

e. ADDRESS	f. CITY/BASE OR POST	g. STATE	h. ZIP CODE
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PART V – SPOUSE SBP CONCURRENCE

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. This is not required for any former spouse or former spouse and child elections. The date of the spouse's signature in Item 43.c. **MUST NOT** be before the date of the member's signature in Item 41.c., or on or after the date of retirement listed in Part I, Section I, Item 4. The spouse's signature **MUST** be notarized. Electronic signatures are allowed.

SECTION XII - SBP SPOUSE CONCURRENCE

43. SPOUSE

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 own free will.

a. NAME <i>(Last, First, Middle Initial)</i>		
b. TELEPHONE <i>(Incl. area code)</i>	c. EMAIL ADDRESS	
d. SIGNATURE	e. DATE SIGNED <i>(YYYYMMDD)</i>	

44. NOTARY WITNESS *(Please stamp using a notary seal)*

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared *(Name of Spouse in Item 43.a.)* _____ provided to me through satisfactory evidence of identification, which were _____, to be the person whose name is signed in Item 43.a. of this document in my presence.

Signature of Notary _____ **My Commission Expires** _____

NOTARY SEAL

INSTRUCTIONS**GENERAL**

1. Read these instructions and Privacy Act Statement carefully before completing the data form.
2. The Defense Finance and Accounting Service (DFAS) - Cleveland Center will establish your retired/retainer pay account based on the data provided on this form and your retirement/transfer orders. Your personnel office, disbursing/finance office, and SBP Counselor will assist you in the proper completion and submission of this form. You should maintain these instructions along with a copy of the form as a permanent record. Please complete the form electronically or by typing or printing in ink. The Coast Guard Pay and Personnel Center (CG-PPC) will establish the retired pay account for retiring Coast Guard, USPHS, and NOAA members
3. Ensure that you promptly advise DFAS - Cleveland Center of changes to your marital/family status and any changes to your correspondence address or direct deposit information. Gray Area retirees (retired reservists who are not yet eligible for retired pay) should contact their Reserve Component directly to report changes. Retired members of the Coast Guard, USPHS or NOAA should contact the CG-PPC.
4. If completed electronically, this form automatically disables certain fields based on information you entered. If one of the items listed below does not appear on the form, it is due to information you previously entered that indicates this item is not applicable to you.

PART I - RETIRED PAY INFORMATION**SECTION I - PAY IDENTIFICATION.**

ITEMS 1 through 3. Self-explanatory.

ITEM 4. If you are retiring from active service, enter the date you will transfer to the Fleet Reserve or date of retirement. If you are a Reserve/National Guard member qualified to retire under 10 U.S.C., Chapter 1223, enter either the date of your 60th birthday or, a later date on which you desire to begin receiving retired pay. If you are eligible for reduced age retirement earlier than your 60th birthday, you will need to enter that date.

ITEMS 5 and 6. Self-explanatory.

ITEM 7. Indicate whether you are (or were) a member of the Regular Component or a member of the Reserve Component. The Reserve Component includes all reserve and National Guard members, including full-time reservists on active duty, such as Active Guard/Reserves (AGR) and Full-Time Support (FTS). If in the Reserve Component, indicate the type of retirement, regular or non-regular retirement.

ITEM 8. Indicate which retirement plan covers you:

- If your Date of Initial Entry into Military Service (DIEMS) is prior to September 8, 1980, you should enter "Final Pay" UNLESS you elected to opt into the Blended Retirement System.
- If your DIEMS is on or after September 8, 1980, but before January 1, 2018, you should enter "High-3" UNLESS you elected to participate in the CSB/REDUX retirement plan or the Blended Retirement System (BRS).
- If your DIEMS is on or after August 1, 1986, AND you elected to receive the Career Status Bonus (CSB) upon completion of 15 years of service, you should enter "CSB/REDUX."
- If you elected to opt into the Blended Retirement System, OR your DIEMS is on or after January 1, 2018, you should enter "Blended Retirement System."
- If you are retiring with a disability retirement, regardless of your DIEMS enter "Disability."

ITEM 9. Self-explanatory.

SECTION II - DIRECT DEPOSIT/ELECTRONIC FUND TRANSFER INFORMATION.

ITEMS 10 through 13. Enter the routing and account information for your bank or financial institution. Indicate whether your account is (S) for Savings or (C) for Checking account in Item 10. Also, provide the nine digit Routing Transit Number (RTN) of your financial institution in Item 11, your account number in Item 12, and your financial institution name and address in Item 13. This section must be completed. Your net retired/retainer pay must be sent to your financial institution by direct deposit/electronic fund transfer (DD/EFT).

REGULAR COMPONENT RETIREES ONLY: If you are directing your retired pay to the same account number and financial institution to which you directed your active duty pay, check the box immediately below "Section II". If you have a copy of the Direct Deposit Authorization form used to establish your DD/EFT for your active duty pay, attach a copy to this form.

SECTION III - SEPARATION PAYMENT INFORMATION.

ITEM 14. Indicate in 14.a. if you previously received separation or severance pay. If you mark one of the boxes in 14.a., complete 14.b. by entering the gross amount for Severance, (In)voluntary Separation, Separation Incentive and Special Separation Bonus payments and the annual installment gross amount for Voluntary Separation Incentive payments. Attach a copy of the orders that authorized the payment and a copy of previous DD Form 214.

SECTION IV - VA DISABILITY COMPENSATION.

ITEM 15. All retirees must read and acknowledge Item 15.a. Note that if you later apply for and are awarded VA disability compensation, you must notify DFAS - Cleveland Center (Retired members of the Coast Guard, PHS or NOAA should contact the CG-PPC) of the amount of the award. Indicate in Item 15.b. if you are currently, or have previously, received or applied for VA disability compensation. If you mark YES in 15.b., complete 15.c., and 15.d.

SECTION V - DESIGNATION OF BENEFICIARIES FOR UNPAID RETIRED PAY.

ITEM 16. Upon your death, 10 U.S.C. §2771 provides that any pay due and unpaid will be paid to the surviving person highest on the following list: (1) beneficiary(ies) designated in writing; (2) your spouse; (3) your children and their descendants, by representation; (4) your parents in equal parts, or if either is dead, the survivor; (5) the legal representative of your estate, and (6) person(s) entitled under the law of your domicile. You may choose to designate your spouse as the primary beneficiary for 100% of your unpaid retired pay by checking the box directly below "Section V" and leaving items 16.a. through 16.e. blank. If you choose to designate a different beneficiary or beneficiaries, you must complete Items 16.a. through 16.e. If you designate multiple beneficiaries, you can either provide a SHARE percentage to be paid to each person or leave the SHARE percentage blank. If you leave the SHARE percentage blank, any retired pay you are owed when you die will be divided equally among your designated beneficiaries. If you list more than one person with a 100% SHARE, the beneficiaries will be paid in the order as you list them on the form. If, for example, you designate two beneficiaries, then the SHARE percentage must either be 100% for each beneficiary, or the SHARE percentages when added together must equal 100%. If you designate more than one person, and the total percentage designated is greater than 100%, the person listed first is considered the primary beneficiary. If you check the box designating your spouse as 100% beneficiary, that election will take precedence over any designation made in Items 16.a. through 16.e.

If you do not designate a beneficiary or beneficiaries in Item 16, or all designated beneficiaries have died before the date of your death, any unpaid retired pay will be paid to the living person or persons in the highest category of beneficiary listed above, as required by law.

SECTION VI - FEDERAL INCOME TAX WITHHOLDING INFORMATION.

Complete this section after determining your dependents with the aid of your disbursing/finance office, or from the instructions available on IRS Form W-4, or other available IRS publications. Leave Items 17 through 19 blank if completing Item 20.

ITEM 17. Mark the status you desire to claim.

ITEM 18. This refers to the whole dollar amounts of total withholding(s) claimed.

ITEM 19. If you are not a U.S. citizen, provide, on an additional sheet, a list of all periods of ACTIVE DUTY served in the continental U.S., Alaska, and Hawaii. Indicate periods of service by year and month only. List only service at shore activities; do not report service aboard a ship.

For example:

FROM (Year/Month)	DUTY STATION	TO (Year/Month)
2021/06	NAVSTA, Norfolk, VA	2021/07

NOTE: This information may affect the portion of retired/retainer pay which is taxable in accordance with the Internal Revenue Code if you maintain a permanent residence outside the U.S., Alaska, or Hawaii.

ITEM 20. Enter the dollar amount as they relate to claim dependents.

ITEM 21. Enter other income that is not from jobs. This may include interest, dividends, and retirement income.

ITEM 22. Enter deductions if you expect to claim deductions other than the standard deduction and want to reduce your withholdings.

ITEM 23. Enter extra withholdings. Enter any additional tax you want withheld each month. If exempt from Federal taxes, enter 'EXEMPT'.

SECTION VII - VOLUNTARY STATE TAX WITHHOLDING.

Complete this section only if you want monthly state tax withholding. If you choose not to have a monthly deduction, you remain liable for state taxes, if applicable.

ITEM 24. Enter the name of the state for which you desire state tax withheld.

ITEM 25. Enter the dollar amount you want deducted from your monthly retired/retainer pay. This amount must not be less than \$10.00 and in whole dollars (Example: \$50.00, not \$50.25).

ITEM 26. Enter only if different from the address in Item 9.

PART II - LUMP SUM ELECTION.

OPTIONAL. Only complete Part II if you are:

- Covered under the Blended Retirement System; AND,
- Want to elect a partial lump sum of retired pay

If you ARE NOT covered under the Blended Retirement System or DO NOT want to elect a partial lump sum, proceed to PART III of the form.

SECTION VIII - BLENDED RETIREMENT SYSTEM LUMP SUM ELECTION.

ITEM 27. Indicate in Item 27.a. or 27.b. whether you intend to receive a 25 percent or 50 percent lump sum of retired pay.

ITEM 28. If indicating in Item 27.a. or 27.b. that you desire to receive a lump sum of retired pay, indicate in 28.a. through 28.d. whether you would like that in one payment or a series of equal, annual installments over 2, 3, or 4 years.

ITEM 29. Before signing in Item 30, you must read the considerations listed in Item 29. You are highly encouraged to review your options with a financial professional and compare your estimated retirement benefits with or without a lump sum using the online calculator located at <https://militarypay.defense.gov/calculators/BRS>.

ITEM 30. If you mark Items 27 and Items 28, you must sign Item 30.a., and indicate the date you are signing in 30.b. The date in 30.b. must be at least 90 days prior to the date of your retirement or the date you transfer to the Fleet Reserve (shown in Item 4, this is also the same date indicated on your DD 108 request for retirement). If you are a Reserve/National Guard member qualified to receive retired pay with a non-regular retirement, the date in 27.b. must be 90 days prior to the date upon which you will be eligible to begin receiving retired pay (shown in Item 4, this is also the same date indicated on your DD 108 request for retirement).

If you are NOT electing a lump sum of retired pay, DO NOT SIGN Item 30.

PART III - SURVIVOR BENEFIT PLAN.

It is very important that you are counseled and are fully aware of your options under the Survivor Benefit Plan (SBP). SBP pays your eligible beneficiary or beneficiaries an inflation-protected annuity, based on your retired pay, in the event of your death. The cost of SBP is subsidized by the government, but you will be required to pay a portion of the cost of SBP through deductions from your retired pay. All retiring active duty members and all members of the Reserves / National Guard who complete 20 qualifying years of service are automatically fully covered under the SBP or the Reserve Component SBP (RC-SBP) unless electing to reduce or decline this coverage. Special requirements for reducing or declining coverage are provided in Part III.

SECTION IX - DEPENDENCY INFORMATION.

ITEM 31. Provide your spouse's name, SSN, and date of birth. If no current spouse, enter "N/A" and proceed to Item 34.

ITEMS 32 and 33. Enter the date and location of your marriage to your current spouse. In Item 32, if marriage occurred outside the United States, include city, province, and name of country.

ITEM 34. If you do not have dependent children, enter "N/A" in this Item. If you do have dependent children, provide the requested information. Designate which children resulted from marriage to a former spouse, if any, by indicating (FS) after the relationship in Item 34.d.

ITEM 34.e. Enter YES or NO as appropriate. A disabled child is an unmarried child who meets one of the following conditions: a child who has become incapable of self-support before the age of 18 or a child who has become incapable of self-support after the age of 18 but before age 22 while a full-time student. Substantiation is required. Submit a medical evaluation prepared by a medical professional showing the disabling condition, the age of onset of the condition, the past medical history and how the condition precludes the potential beneficiary from being-self supporting now and in the future. If answering yes, attach documentation.

SECTION X - SURVIVOR BENEFIT PLAN (SBP) ELECTION.

In this section, you will be able to indicate your desired SBP election and designate the beneficiary for SBP in the event of your death. If you make no election, you will automatically receive maximum coverage for all eligible family members (spouse and/or children). If you elect to reduce or decline your coverage, your spouse will have to concur with that decision, with the exception of a former spouse or former spouse and child election. You may discontinue your SBP participation within one year after the second anniversary of the commencement of retired/retainer pay. Termination of SBP is effective the first of the month after DFAS - Cleveland Center (or the Coast Guard PPC for non-DOD members) receives the SBP disenrollment request. There will be no refund of SBP costs paid for the period before the SBP disenrollment. You are advised to consult with a SBP Counselor or Retirement Services Officer prior to completing this section.

ITEM 35. RESERVE COMPONENT ONLY. Information to complete this section can be found on the DD Form 2656-5 or the previous DD Form 1883, you submitted when you were first notified that you had completed 20 years of creditable service, known as your "Notification of Eligibility (NOE)." If you received your NOE prior to January 1, 2001 and did not make an election within 90 days of your NOE, RC-SBP was declined by default. Reserve or National Guard members who previously completed 20 qualifying years of service are automatically covered under the RC-SBP unless electing, within 90 days of receiving their Notification of Eligibility, to decline this coverage. Indicate in Item 35.a., 35.b., or 35.c. your previous election. If you elected immediate coverage (Item 35.c., or "Option C"), elected coverage to begin at age 60 (Item 35.b., or "Option B") or made no election previously, this remains your coverage and cannot be changed. However, Reserve/National Guard members who declined to make an election until reaching the age of eligibility to receive retired pay (Item 35.a., or "Option A"), or who were unmarried and had no eligible children at initial RC-SBP election and made no subsequent RC-SBP election must complete Items 36 and 37 (and Items 38 through 40 if applicable). If you elected either Immediate (Option C) or Deferred (Option B) RC-SBP coverage and the elected beneficiary is no longer eligible, provide supporting documentation with this form.

ITEM 36. Enter your desired coverage in Items 36.a. through 36.g. You may only select one Item. If you elect 36.a., 36.c., or 36.g., you MUST also indicate whether you are declining coverage for other eligible dependents.

ITEM 36.d. Mark if you are not married, have no eligible children, and desire coverage for a person with an insurable interest in you, and provide the requested information about that person in Item 39. A person designated as an insurable interest beneficiary must have a reasonable and lawful basis, founded upon the relationship of parties to each other, either pecuniary or of blood or affinity, to expect some benefit or advantage from the continuance of the life of the retiree. Proof of financial benefit from the continuance of the life of the member is required for persons other than your (former) spouse or child(ren). An election of this type must be based on your full gross retired/retainer pay. If the person is a non-relative or as distantly related as a cousin, attach evidence that the person has a financial interest in the continuance of your life. Under provisions of Public Law 103-337, you are permitted to withdraw from insurable interest coverage at any time. Such a withdrawal will be effective on the first day of the month following the month the request is received by DFAS - Cleveland Center (or the Coast Guard PPC for non-DOD members). Therefore, no refund of SBP costs collected before the effective date of withdrawal will be paid.

ITEMS 36.e and 36.f. Mark Item 36.e. if you elect coverage for a former spouse. Mark Item 36.f. if you desire coverage for a former spouse and dependent child(ren) of that marriage, and provide the requested information about these children in Item 34 as appropriate. Provide a certified photocopy of final decree that includes separation agreement or property settlement which discusses SBP for former spouse coverage. The DD Form 2656-1, "Survivor Benefit Plan (SBP) Election Statement for Former Spouse Coverage," must also be completed and accompany the completed DD Form 2656 to DFAS - Cleveland Center (or the Coast Guard PPC for non-DOD members).

ITEM 36.g. Mark if you decline coverage under SBP. If married and declining coverage, Items 43 and 44 of Part V, Section XI MUST be completed.

ITEM 37. This Item allows you to designate the amount of your retired pay that will be the "base amount" for determining your SBP premiums and the resulting SBP annuity. If you make no entry, you will default to the full base amount.

ITEM 37.a. Mark if you desire the coverage to be based on your full gross retired/retainer pay. For members who previously elected the Career Status Bonus (CSB) or members covered by the Blended Retirement System who elect a lump sum of retired pay, the full gross retired/retainer pay is what your retired pay would have been had you not elected (CSB) or the lump sum.

ITEM 37.b. Mark if you desire the coverage to be based on a reduced portion of your retired/retainer pay. This reduced amount may not be less than \$300.00. If your gross retired/retainer pay is less than \$300.00, the full gross pay is automatically used as the base amount. Enter the desired amount in the space provided to the right of this Item.

ITEM 37.c. Used by a REDUX member who wants coverage based on actual retired pay received under REDUX. If this option is selected, Items 43 and 44 of Part V must be completed, if married.

ITEM 37.d. Mark if you desire the higher threshold amount in effect on the date of your retirement to be used as your base amount. If this option is selected, Items 43 and 44 of Part V must be completed, if married.

ITEM 38. You may elect payment of the SBP benefit, for beneficiary categories designated in Items 36.b., 36.c., or 36.f., to a special needs trust (SNT) who meets the criteria of a disabled child for SBP, and is indicated as such in Item 34.e. of these instructions. You must provide to DFAS - Cleveland Center (or the Coast Guard PPC for non-DOD members) a copy of the SNT established for the child, documents to support the child is incapable of self-support, age when incapacitated, and if temporary or permanent, and separate statement from an actively licensed attorney certifying that the Trust is an SNT created for the benefit of the child and is in compliance with all applicable federal and state laws. Additional procedures for establishing an SNT as SBP beneficiary are in DoDI 1332.42.

ITEM 39. Enter the information for insurable interest beneficiary. See instruction for Item 36.d.

ITEM 40. Enter the information for your former spouse, if applicable.

PART IV - CERTIFICATION.

SECTION XI - CERTIFICATION

ITEM 41. Read the statement carefully, then sign your name and indicate the date of signature. For your SBP election to be valid, you must sign and date the form prior to the effective date of your retirement/transfer, or the date you are eligible to begin receiving retired pay. (Note: if you elected a lump sum of retired pay in Part II, this form must be signed and dated no later than 90 days prior to your retirement/transfer date, or the date you are eligible to begin receiving retired pay).

ITEM 42. A witness to your signature must also sign and provide their information in Items 42.a. through 42.g. A witness cannot be named as beneficiary in Sections V, IX or X.

PART V - SPOUSE SBP CONCURRENCE

SECTION XII - SBP SPOUSE CONCURRENCE.

Completion of this section is required only in certain circumstances if you declined to elect SBP coverage, elected less than the maximum coverage, or elected child-only coverage while having an eligible spouse. If you are completing this form electronically and this section does not appear, you do not have to obtain spousal concurrence.

ITEM 43. 10 U.S.C. §1448 requires that an otherwise eligible spouse concur if the member declines to elect SBP coverage, elects less than maximum coverage, or elects child-only coverage. This is not required for any former spouse or former spouse and child election. Therefore, a member with an eligible spouse upon retirement, who elects any combination other than Items 36.a. or 36.b. AND 37.a. must obtain the spouse's concurrence in Section XII, with the exception of an election of Item 36.e. or 36.f. If the current eligible spouse concurs with declining the SBP election, that spouse will need to provide their phone number and email address in boxes b. and c. By signing Item 43, you are concurring with the Survivor Benefit Plan election made by your spouse.

ITEM 44. A Notary Public must witness the signature of the spouse in Item 44. This witness cannot be a named beneficiary in Section V, IX, or X. The spouse's concurrence must be obtained and dated on or after the date of the member's election, but before the retirement / transfer date. If concurrence is not obtained when required, maximum coverage will be established for your spouse and child(ren) if appropriate.