



ADMINISTRATIVE REMARKS (1070)

<p>DATE</p> <p>Articles UCMJ explained to me this date as required by Article 137, UCMJ.</p> <p>_____</p> <p>(Signature)</p>	<p>DATE</p> <p>Articles UCMJ explained to me this date as required by Article 137, UCMJ.</p> <p>_____</p> <p>(Signature)</p>	<p>DATE</p> <p>I have been counseled concerning SBP and fully understand the automatic enrollment and future enrollment provisions on the Plan.</p> <p>_____</p> <p>(Signature)</p>
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_____(Date). Marine is/is not married and elected (REDUCED COVERAGE / DECLINED COVERAGE / ELECTED CHILD ONLY COVERAGE) under SBP, DD Form 2656 is notarized and signed by the spouse; forwarded to DFAS, Cleveland this date.

Signature

<p>NAME (last, first, middle)</p>	<p>EDIPI</p>
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