

DATA FOR PAYMENT OF RETIRED PERSONNEL

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. subchapters II and III; DoD Instruction 1332.42, Survivor Annuity Program Administration, DoD Financial Management Regulation, Volume 7B, Chapter 42; and (SSN).

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): Disclosures are made 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. (f)(3), regarding Survivor Benefit Plan coverage.

To spouses for purposes of providing information, consistent with the requirements of 10 U.S.C. (a), regarding Survivor Benefit Plan coverage.

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

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 will establish your retired/retainer pay account based on the data provided on the 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 of pay data. Please complete the form by typing or printing in ink.

3. Ensure that you promptly advise DFAS - Cleveland of changes to your marital/family status and any changes to your correspondence address and direct deposit information (or your Reserve Component if a gray area retiree).

SECTION I - PAY IDENTIFICATION.

ITEMS 1 and 2. Self-explanatory.

ITEM 3. If you are retiring from active duty, enter the date you transfer to the Fleet Reserve or date of retirement. If you are a Reserve 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.

ITEMS 4 and 5. Self-explanatory.

ITEM 6. Enter the address and telephone number (include area code) where you can be contacted.

SECTION II - DIRECT DEPOSIT/ELECTRONIC FUND TRANSFER INFORMATION.

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).

ITEMS 7 through 10. If you are directing your retired pay to the same account number and financial institution to which you directed your active duty pay, annotate Items 7 through 10 "SAME AS ACTIVE DUTY". 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.

If you are not currently on DD/EFT or are a Reservist, you must complete Items 7 through 10. Provide the nine digit Routing Transit Number (RTN) of your financial institution in Item 7. The RTN is the nine digit number located in the lower left-hand corner of either your checks or check deposit tickets. If you still are unable to obtain the RTN, you will have to contact your financial institution to which you want your retired/retainer pay directed and request the RTN. Also, indicate whether your account is (S) for Savings or (C) for Checking account in Item 8, your account number in Item 9, and your financial institution name and address in Item 10.

SECTION III - SEPARATION PAYMENT INFORMATION.

ITEM 11. Complete if you are retiring from active duty or a member/former member of the Reserve Component not on active duty retiring at age 60.

bonus. In Item 11.a, enter an X in the YES block. In Item 11.b, enter "SE" for Severance Pay, "SP" for Separation Pay, "VSI" for Voluntary Separation Incentive, and "SSB" for Special Separation Bonus. In Item 11.c, enter the lump-sum gross amount for Severance, Separation and Special Separation Bonus payments and the annual installment gross amount for Voluntary Separation Incentive payments. Be sure to attach a copy of the orders that authorized the payment and a copy of your DD Form 214.

SECTION IV - MEMBER OF THE RESERVE COMPONENT.

ITEM 12. Complete if you are a member/former member of a Reserve Component, not on active duty, retiring at age 60.

SECTION V - DESIGNATION OF BENEFICIARIES FOR UNPAID RETIRED PAY.

ITEM 13. Upon your death, 10 U.S.C. 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. Therefore, if you choose to designate a beneficiary or beneficiaries, you must complete Items 13 through 16. 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. Use the Remarks section for additional beneficiary information.

If you do not designate a beneficiary or beneficiaries in Item 13, 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 allowed exemptions 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 14 through 16 blank if completing Item 17.

ITEM 14. Mark the status you desire to claim.

ITEM 15. Enter the number of exemptions claimed.

ITEM 16. Enter the dollar amount of additional Federal income tax you desire withheld from each month's pay. Leave blank if you do not desire additional withholding.

ITEM 17. Enter the word "EXEMPT" in this item only if you meet all the following criteria: (1) you had no Federal income tax liability in the prior year; (2) you anticipate no Federal income tax liability this year; and (3) you therefore desire no Federal income tax to be withheld from your retired/retainer pay.

NOTE: You must file a new exemption claim form with DFAS - Cleveland by February 15th of each year for which you claim exemption from withholding.