

DATA FOR PAYMENT OF RETIRED PERSONNEL

(Please read Instructions and Privacy Act Statement before completing form.)

SECTION I - PAY IDENTIFICATION

1. NAME (LAST, First, Middle Initial)	2. SSN	3. RETIREMENT/ TRANSFER DATE (YYYYMMDD)	4. RANK/PAY GRADE/ BRANCH OF SERVICE	5. DATE OF BIRTH (YYYYMMDD)
6. 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)

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

7. ROUTING NUMBER (See Instructions)	8. TYPE OF ACCOUNT (Savings (S) or Checking (C))	9. ACCOUNT NUMBER (See Instructions)
10. FINANCIAL INSTITUTION		
a. NAME	b. STREET ADDRESS	c. CITY
		d. STATE
		e. ZIP CODE

SECTION III - SEPARATION PAYMENT INFORMATION

11. Complete if you have received any one of the payment types listed in 11.a.		
a. DID YOU RECEIVE SEVERANCE PAY (SE), READJUSTMENT PAY (RP), SEPARATION PAY (SP), VOLUNTARY SEPARATION INCENTIVE (VSI), OR SPECIAL SEPARATION BONUS (SSB)? (X one. If "Yes," attach a copy of the orders which authorized the payment, and a copy of the DD Form 214.)	b. TYPE OF PAYMENT	c. GROSS AMOUNT
<input type="checkbox"/> YES <input type="checkbox"/> NO		

SECTION IV - MEMBER OF THE RESERVE COMPONENT

12. Complete only if a member or former member of the reserve component not on active duty retiring at age 60.		
a. DO YOU RECEIVE OR WERE YOU RECEIVING ON THE DATE OF RETIREMENT ANY VA COMPENSATION FOR DISABILITY? (X one)	b. EFFECTIVE DATE OF PAYMENT (YYYYMMDD)	c. MONTHLY AMOUNT OF PAYMENT
<input type="checkbox"/> YES <input type="checkbox"/> NO		

SECTION V - DESIGNATION OF BENEFICIARIES FOR UNPAID RETIRED PAY (See INSTRUCTIONS)

13. Complete this section if you wish to designate a beneficiary or beneficiaries to receive any unpaid retired pay you are due at death. (Continue in Section X, "Remarks," if necessary.)				
a. NAME (Last, First, Middle Initial)	b. SSN	c. ADDRESS (Street, City, State, ZIP Code)	d. RELATIONSHIP	e. SHARE
				%
				%
				%
				%
				%

SECTION VI - FEDERAL INCOME TAX WITHHOLDING INFORMATION (Submit information in Items 14 - 17 in lieu of IRS Form W-4 for tax purposes.)

14. MARITAL STATUS (X one)	15. TOTAL NUMBER OF EXEMPTIONS CLAIMED	16. ADDITIONAL WITHHOLDING (Optional)	17. I CLAIM EXEMPTION FROM WITHHOLDING (Enter "EXEMPT")	18. ARE YOU A UNITED STATES CITIZEN? (X one)
<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED				<input type="checkbox"/> YES
<input type="checkbox"/> MARRIED BUT WITHHOLD AT HIGHER SINGLE RATE				<input type="checkbox"/> NO (See Instructions)

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

19. STATE DESIGNATED TO RECEIVE TAX	20. MONTHLY AMOUNT (Whole dollar amount not less than \$10.00)	21. RESIDENCE ADDRESS (If different from address listed in Item 6)
		a. STREET (Include apartment number)
		b. CITY
		c. STATE
		d. ZIP CODE

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

22. SPOUSE			23. DATE OF MARRIAGE (YYYYMMDD)	24. PLACE OF MARRIAGE (See Instructions)
a. NAME (Last, First, Middle Initial)	b. SSN	c. DATE OF BIRTH (YYYYMMDD)		
25. DEPENDENT CHILDREN (Indicate which child(ren) resulted from marriage to former spouse by entering (FS) after relationship in column d. Continue in Section X, "Remarks," if necessary.)				
a. NAME (Last, First, Middle Initial)	b. DATE OF BIRTH (YYYYMMDD)	c. SSN	d. RELATIONSHIP (Son, daughter, stepson, etc.)	e. DISABLED? (Yes/No)