

DATA FOR PAYMENT OF RETIRED PERSONNEL

OMB No. 0704-0569
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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.

AUTHORITY: 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.

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.dod.mil/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. RANK / PAYGRADE	6. BRANCH OF SERVICE <input type="checkbox"/> a. AIR FORCE <input 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 <input type="checkbox"/> b. RESERVE COMPONENT <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) <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. 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 (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)		
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) <input type="checkbox"/> NONE <input type="checkbox"/> SEVERANCE PAY (SE) <input type="checkbox"/> READJUSTMENT PAY (RP) <input type="checkbox"/> 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