

VERIFICATION FOR SURVIVOR ANNUITY

OMB No. 0704 - 0569
OMB approval expires
20230731

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. Chapter 73, subchapters II and III Survival Benefit Plan; DoD Instruction 1332.42, Survivor Annuity Program Administration; and E.O. 9397 (SSN), as amended.
PRINCIPAL PURPOSE(S): Used by the surviving spouse, dependent child(ren), surviving former spouse(s), and/or natural persons with an insurable interest (as defined in the Glossary, DoDI 1332.42) to verify eligibility for an annuity under the Retired Serviceman's Family Protection Plan (RSFPP), Survivor Benefit Plan (SBP), and/or Reserve Component Survivor Benefit Plan (RCSBP).
ROUTINE USE(S): The System of Record Notice (SORN) T7347b is published at: <https://www.federalregister.gov/documents/2009/01/07/E9-41/privacy-act-of-1974-systems-of-records>
DISCLOSURE: Voluntary; however, failure to provide identifying information may delay the verification process and any subsequent payment.

INSTRUCTIONS

Please verify that the information provided below is correct. Please provide any missing information and line through and correct any errors. After verifying the information provided, please sign the form below and return it to: **Defense Finance and Accounting Service, U.S. Military Annuitant Pay, 8899 E. 56th Street, Indianapolis, IN 46249-1300** or fax it to DFAS toll-free at **1-800-982-8459**. If you have questions or need assistance completing this form, please contact DFAS toll-free at **1-800-321-1080**.

1. DECEASED MEMBER DATA VERIFICATION

a. DECEASED MEMBER'S NAME (Last, First, Middle Initial)		b. SOCIAL SECURITY NUMBER	
c. DATE OF BIRTH (YYYYMMDD)	d. DATE OF DEATH (YYYYMMDD)	e. BRANCH OF SERVICE	f. RANK/RATE

2. CLAIMANT VERIFICATION

a. CLAIMANT'S NAME (Last, First, Middle Initial)		b. SOCIAL SECURITY NUMBER	
c. DATE OF BIRTH (YYYYMMDD)	d. TELEPHONE (Include Area Code)	e. CITIZEN OF (Country) United States of America	

f. IF YOU ARE A NONRESIDENT ALIEN, X HERE, ENTER YOUR COUNTRY OF RESIDENCE, AND SEE NOTE. ☐

NOTE: ALIEN TAX WITHHELD: Nonresident aliens are automatically taxed at the rate of 30 percent, unless there is a tax treaty between the United States and the foreign country permitting a lesser rate. If the country in which the annuitant lives has a tax treaty with the United States, then complete IRS Form W-8BEN, *Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding* showing the country of residence. This Form may be obtained from any United States Internal Revenue Service office, United States consulate office, on the Internet at www.irs.gov/pub/irs-pdf/fw8ben.pdf, or by calling the Defense Finance and Accounting Service, toll free **1-800-321-1080** or from overseas **(216) 522-5955**. The Defense Finance and Accounting Service will mail foreign annuitants IRS Form 1042-S, *Foreign Person's U.S. Source Income Subject to Withholding*, at the end of each year for tax reporting purposes.

g. TYPE OF BENEFIT CLAIMED <input type="checkbox"/> SBP <input type="checkbox"/> RCSBP <input type="checkbox"/> RSFPP	h. RELATIONSHIP TO DECEDENT (X One) <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> FORMER SPOUSE <input type="checkbox"/> INSURABLE INTEREST	i. CORRESPONDENCE ADDRESS (Street, Apartment Number, City, State and ZIP Code)
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3. THE FOLLOWING SECTION APPLIES TO SPOUSE APPLICANTS ONLY

a. I CERTIFY THAT I WAS LEGALLY MARRIED TO THE MEMBER ON THE DATE OF DEATH: ☐ YES ☐ NO

(1) If YES, please verify date of marriage to member: (If blank or incorrect, please provide correct marriage date)	(2) If NO, please provide the date of divorce: (YYYYMMDD)
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b. ARE THERE CHILDREN UNDER AGE 23 OR INCAPACITATED OF THE DECEASED MEMBER? ☐ YES ☐ NO
(If YES, please provide the following for each child:)

(1) NAME (Last, First Middle Initial)	(2) SSN	(3) DATE OF BIRTH (YYYYMMDD)

I understand that my annuity may be affected if I am receiving any other military survivor annuity of any kind from this deceased member or any other deceased member. I also understand that I am obligated to notify DFAS of any other annuities that might affect my entitlement.

c. ARE YOU RECEIVING ANY OTHER ANNUITY FROM DFAS BASED ON THE MILITARY RECORD OF ANY OTHER DECEASED MILITARY RETIREE? (If YES, please provide the following:) ☐ YES ☐ NO

(1) Name of Deceased Retiree (Last, First, Middle Initial)	(2) SSN	(3) Coverage Type <input type="checkbox"/> SBP <input type="checkbox"/> RSFPP	(4) Monthly Benefit Amount \$
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