

MEMBER NAME (Last, First, Middle Initial)			SSN									
SECTION IV - DEPARTMENT OF VETERANS AFFAIRS (VA) DISABILITY COMPENSATION INFORMATION												
15. VA DISABILITY COMPENSATION												
a. IN THE EVENT I AM AWARDED DISABILITY COMPENSATION BY THE VA, I WILL NOTIFY DFAS (OR THE COAST GUARD PPC FOR NON-DOD MEMBERS) OF THE AMOUNT OF ANY AWARD, AS IT MAY IMPACT MY RETIRED PAY BENEFIT. <input type="checkbox"/> Agree	b. HAVE YOU APPLIED FOR OR ARE YOU RECEIVING VA COMPENSATION FOR A DISABILITY? <input type="checkbox"/> Yes <input type="checkbox"/> No	c. EFFECTIVE DATE OF PAYMENT (YYYYMMDD)	d. MONTHLY AMOUNT OF PAYMENT									
SECTION V - DESIGNATION OF BENEFICIARIES FOR UNPAID RETIRED PAY (See Instructions)												
<input type="checkbox"/> Check this box if you want to designate your spouse as 100% beneficiary of any unpaid retired pay upon death OR complete Item 16.												
16. BENEFICIARY OR BENEFICIARIES INFORMATION Complete this section if you want to designate a beneficiary or beneficiaries to receive any unpaid retired pay you are due at death. If you do not complete this section OR check the box above, your unpaid retired pay will be distributed to beneficiaries in accordance with 10 U.S.C. §2771.												
a. NAME (Last, First, Middle Initial)	b. SSN	c. ADDRESS (Street, City, State, ZIP Code)	d. RELATIONSHIP	e. SHARE								
1)				%								
2)				%								
3)				%								
4)				%								
5)				%								
6)				%								
SECTION VI - FEDERAL INCOME TAX WITHHOLDING INFORMATION (Submit information in Items 17 – 21 in lieu of IRS Form W-4 for tax purposes.) Please refer to the following IRS hyperlink for withholding questions: https://www.irs.gov/forms-instructions												
17. MARITAL STATUS (Check one) <input type="checkbox"/> SINGLE OR MARRIED FILING SEPARATELY <input type="checkbox"/> MARRIED FILING JOINTLY (Or qualifying widow/er) <input type="checkbox"/> MARRIED, BUT WITHHOLDING AT THE HIGHER SINGLE RATE <input type="checkbox"/> HEAD OF HOUSEHOLD (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual)		18. MULTIPLE JOBS OR SPOUSE WORKS (Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs) Do only one of the following: (a) Use the estimator at https://www.irs.gov/individuals/tax-withholding-estimator for most accurate withholding, or (b) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld. <input type="checkbox"/>										
19. ARE YOU A UNITED STATES CITIZEN? <input type="checkbox"/> Yes <input type="checkbox"/> No (See instructions)												
20. CLAIM DEPENDENTS If your income will be \$200,000 or less (\$400,000 or less if married filing jointly) _____ Number of qualifying children under age 17 (Multiply the number of qualifying children under age 17 by \$2,000) _____ _____ Number of other dependents (Multiply the number of other dependents by \$500) _____ Add the amounts above and enter the total here: _____		21. OTHER INCOME (Not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income: _____ 22. DEDUCTIONS If you expect to claim deductions other than the standard deduction and want to reduce your withholding, review the Deductions Worksheet on page 3 of the IRS Form W-4 and enter the result here: (Estimate your deductions this year OR provide previous year's total deductions) _____										
23. EXTRA WITHHOLDINGS. Enter any additional tax you want withheld each month: _____												
SECTION VII - VOLUNTARY STATE TAX WITHHOLDING INFORMATION (Complete only if monthly withholding is desired.)												
24. STATE DESIGNATED TO RECEIVE TAX	25. MONTHLY AMOUNT (Whole dollar amount not less than \$10.00)	26. RESIDENCE ADDRESS (If different from address listed in Item 9) <table style="width: 100%; border: none;"> <tr> <td style="width: 40%; border: none;">a. STREET (Include apartment number)</td> <td style="width: 20%; border: none;">b. CITY</td> <td style="width: 20%; border: none;">c. STATE</td> <td style="width: 20%; border: none;">d. ZIP CODE</td> </tr> <tr> <td style="border: 1px solid black; height: 30px;"></td> <td style="border: 1px solid black; height: 30px;"></td> <td style="border: 1px solid black; height: 30px;"></td> <td style="border: 1px solid black; height: 30px;"></td> </tr> </table>			a. STREET (Include apartment number)	b. CITY	c. STATE	d. ZIP CODE				
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