How to complete a Retirement Application

There are 3 necessary forms to receive retired pay. DD 108, DD 2656 and Direct Deposit Form.

OMB No. 0704-0559

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1. TO Commander U	Jnited S	states A	nny Re	eserve I	Person	ael Center		2. DA	TE OF B	IRTH (Y)	YYYMMD.	D) 3.		RETIRED	PAY TO		The public reporting burden for this collection of information maintaining the data needed, and completing and reviewin Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-in failing to compty with a collection of information if it does no	ving the collect	ection of Information. Send comments -collections@mail.ml. Respondents si	reparding the burden estimate or	r burden reduction suggestions to	o the Department	of Defense, Washington
9700 Page Bot ST. Louis, MC	ulevard,	Ļ,						4. HI	GHEST M	ILITARY	PAYGR	ADE HE	LD				AUTHORITY: 10 U.S.C. 71, Computation of Program Administration; and DoD Financia	n of Retire	ed Pay; 10 U.S.C. 73, Annuit			ruction 1332.4	42, Survivor Annuity
5. APPLICANT			irst, Mii	ddle Initi	ial)			6a. SE	RVICE N	UMBER	(If applic:	able) b.	SOCIAL	SECUR	TY NUM	BER	PRINCIPAL PURPOSE(S): To collect infor state tax withholding election, information of					eneficiaries fo	or unpaid retired pay,
7a. PRESENT H									ESENT A								ROUTINE USE(S): To the Department of V annuitants. To former spouses for purpose	Veterans	s Affairs (DVA) regarding est oviding information, consister	ablishments, changes ar	nd discontinuing of DVA of 10 U.S.C. 1450(f)(3)	compensation	n to retirees and
a. Present r		ADDRE:	sa (sm	eet, Apt	- NID., CI	ry, State, 24	P Code)		IRED RE								coverage. To spouses for purposes of prov Additional routine uses are available in the http://dpcld.defense.gov/Privacy/SORNsInc	oviding infi ie applicat	formation, consistent with the	e requirements of 10 U.S T7347b, Defense Militar	S.C. 1448(a), regarding S	urvivor Bene	fit Plan coverage.
b. HOME TEL	LEPHON	NE NUN	IBER	()			1									DISCLOSURE: Voluntary; however, failure	re to provi			ating retired/retainer pay.		
	•		-	10	1		VICE BEFO					1	2. ACTI		·	_	Read	ad the ins	WA structions at the end of thi	RNING s form in their entirety	prior to completina.		
ARMED	FORCE			RADE		a. Fi	ROM		b. TO			a. FRON	1		ь. то				PART I - RETIRED				
AND COM	MPONE	NT		RATING	G	DAY MO	NTH YEAR	DAY	MONTH	YEAR	DAY	MONTH	YEAR	DAY	MONTH	YEAR	SECTION I - PAY IDENTIFICATION		TARTISTERIAL				
																	1. NAME (Last, First, Middle Initial)			2. SSN			
																	1. WAME (Last, First, Mode Initial)			2. 33M	3. DATE OF BIRTH (YYYYMMDD)	4. RETIRE DATE (Y	MENT / TRANSFER
																	5. RANK / PAYGRADE		6. BRANCH OF SERVICE				
13. RE	TIREM		AR	- 1			VICE AFTE		NE 1949		6. ACTI		v						a. AIR FORCE	b.ARMY 🔲 c.NA	VY 🔲 d. MARINE C	ORPS	e. COAST GUARD
a. FROM			. TO			14. MED FORCE	GRA	15. DE OR		a. FROM			ь. то		17 RETIRE	MENT	7. MEMBER OR FORMER MEMBER OF	FTHE	8. PARTICIPANT IN THE F				
DAY MONTH	YEAR	DAY M	ONTH	YEAR	AND (COMPONEN	NT RA	TING	DAY	MONTH	YEAR	DAY	MONTH	YEAR	POINTS E	ARNED	a. ACTIVE COMPONENT		a. FINAL PAY (only	those members who first joi	ned the service prior to Sepi	ember 8, 1980)	
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			i	5	SEE AT	TACHED											(all members of the Reserves and National Guard including Active G	nd Guard/	c. CSB/REDUX (onl)			completion of 1	5 years of service)
																	Reserve and Full-Time Support)	o dan da	d. BLENDED RETIR	REMENT SYSTEM (BRS	5)		
			- 1	1	NGB 2	3B										_			e. DISABILITY				
																	9. CORRESPONDENCE ADDRESS (Ense		AS - Cleveland Center is adv		espondence address chi		d. ZIP CODE
																	a. STREET (Include apartment number)			b. CITY		c. STATE	d. ZIP CODE
																	e. TELEPHONE (Incl. area code)	1	f. EMAIL ADDRESS		g. PREFERRED C		
																	SECTION II - DIRECT DEPOSIT / ELECT	TRONIC	FUND TRANSFER (DD/EF	T) INFORMATION (See	TELEPHON	E 🗌 E	MAIL
																	ACTIVE DUTY ONLY: Check here		-		-	terms 10 three	(ab 12)
																	10. ACCOUNT TYPE (Check one)	e ii you w	11. ROUTING NUMBER		12. ACCOUNT N		
																	CHECKING SAVINGS		TR. ROUTING NUMBER	a pee manucaunaj	IZ. ACCOUNT N	Smock (See	manacaunay
																	13. FINANCIAL INSTITUTION						
																	a. NAME b	b. STREE	EET (Include apartment numb	ber)	c. CITY	d. STAT	E e. ZIP CODE
																	SECTION III - SEPARATION PAYMENT IN	INFORM/	ATION				
																	14. a. PAYMENT TYPE RECEIVED (Check	eck one)				b. GROSS	AMOUNT
																	NONE SEVERANCE F			🗆			
																	VOLUNTARY SEPARATION INCENTIV			ATION BONUS (SSB)	L	-	
																	NOTE: If any payment type was selecte List Of Attachments	ned, attac	CD A COPY OF THE ORDER	s which authorized the p	payment and a COPY O	F THE DD FC	HKM 214.
																	List Of Attachments						
18. SIGNATUR	RE		- 1									19. DA	TE SIGN	ED (YYY	YMMDD)								
18. SIGNATUR																	Add Attachment						

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		FOR PROCESSING FEDERAL	EMPLOYEE PAYMEN	
travel reimbursement, uniform al	llowance, etc). E	allotments, and other agency - app mployee must complete items 1,2,3 y allotment - see instructions on be	and 5. Complete item	ated with Federal employment (i.e. 4 only if you want to start, cancel
1. EMPLOYEE INFORMATION				
(SSN) EMPLOYEE PAYROLL I	DENTIFICATION	NUMBER		
EMPLOYE (as on payrol	Il records)			
	(L	ast, First, Initials)		
TELEPHONE NUMBER (WORK)		(HOME)	
2. TYPE OF ACCOUNT	A voided perso	POSIT ACCOUNT INFORMATION nal check/sharedraft may be attach s on back of this form.	- NET PAY/TRAVEL/OT ed in lieu of completing	HER (Use Sec. 4 for allotments) this section.
Savings				
TYPE OF PAYMENT			Check Digit	
Net Pay Travel				
✓ Other Federal		NT TITLE Account Holder's Name)		
employment related payments	FINANC	IAL INSTITUTION NAME		
4. ALLOTMENT INFORMATIO Complete this section only if you was		r change the amount of a savings or dis	cretionary allotment - see ir	nstructions on back of form.
TYPE OF ALLOTM (Check One)	ENT	TYPE OF ACCOUNT (Check One)	ACTION (Check One)	(Check One)
Savings (whole dollar	amounts only)	SAVINGS	CANCEL	INCREASE TO: DECREASE TO:
Discretionary or Third	Party	CHECKING	CHANGE	New Total \$
ALLOTTEE NAME (person/company wi will receive allotmen				
ALLOTTEE'S ROUT	ING NUMBER	Check	Diait	
ALLOTTEE'S ACCO			Digit	
		L		
ALLOTTEE'S ACCO (Account Holder's N				
FINANCIAL INSTITU				
5. AUTHORIZATION				
* Емр	OYEE'S SIGNA	TURE		DATE
6. AGENCY USE:				
FMS 11-92 2231			F	DEPARTMENT OF THE TREASURY INANCIAL MANAGEMENT SERVICE

FASTSTART

Make sure that on the DD 108 the form is dated July 2002, Block 1 if you were in the National Guard will be what is seen below, Block 3 is the RPED on your RPAM. Block 6a is only applicable if you served in the Korean War or earlier. Block 8 is your current assignment which is the retired reserve. Don't forget to sign and date at the bottom.

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				Army	Reserve	Perso	nnel Cen	iter							BEGIN	(YYYYM	MDD)	
	Page B Louis, M									4 110	HEST M		PAYCE		1.0			
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. AP	PLICAN		1E (Last	. First.	Middle In	itial)				6a. SE	RVICE N	UMBER	(If applies	able) b.	SOCIAL	SECUR		MBER
3. P	RESENT	ном	ADD	RESS	Street, Ap	ot No.,	City, Stat	o, ZIP Co	ode)		SENT A		ENT					
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b. I	юме т	ELEPH	ONE N	UMBE	R ()												
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		9. D FOF			10. GRADE			a. FROM		DATES	DF SERV b. TO	/ICE		a. FROM	2. ACTI	VE DUT		
	AND CO				RATI		DAY	MONTH	YEAR	DAY	MONTH	YEAR	DAY	MONTH	YEAR	DAY	b. TO MONTH	YEA
								SERVIC		10 JU	E 1949							
			MENT				14.		1				6. ACTI	VE DUT				7.
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8. S	IGNATU	RE												1.9. 04			YMMDD,	/

SSG xxxx-ARMY ELEMENT JOINT FORCE HEADQ 100 MINUTEMAN PARKWAY FRANKFORT, KY 40601-6120 8A2AA-100 Date Prepared: 2020/11/23 Output Reason: Request AYE: 01/24 BASD: Motice of Eligibility: NO Highes RPED:

This summary is a statement of your points earned towards retirement. You should review all entries and report any discrepancies to your unit clerk. Particular attention should be given to any period of service with a verification status (VS) of "B" because points are not credited until verified.

ARMY NATIONAL GUARD CURRENT ANNUAL STATEMENT

Begin Date (yyyymmdd)	End Date (yyyymmdd)	MMSI	IDT	MEM	ACCP Misc Pts	FHD	AD Pts	VS	Total Career Points	Total Pts For Ret Pay	Creditable Svc For Ret Pay
2007/01/25	2007/04/17	B1	10		0	0	1	V			//
2007/04/18	2007/09/07	B7	0		0	0	143	V			//
2007/09/08	2008/01/24	B1	16	15	0	0	0	V	185	185	01/00/00
2008/01/25	2008/06/30	B1	23		0	0	15	V			//
2008/07/01	2008/09/30	B4	0		2	0	92	V			//
2008/10/01	2009/01/24	B1	33	15	0	0	0	V	180	180	01/00/00
2009/01/25	2010/01/24	B1	58	15	0	0	29	V	102	102	01/00/00
2010/01/25	2011/01/24	B1	0	15	0	0	358	V	373	365	01/00/00
2011/01/25	2011/03/31	B1	0		0	0	66	V			//
2011/04/01	2011/05/31	B4	0		0	0	61	V			//
2011/06/01	2011/12/13	B2	0		0	0	196	V			//
2011/12/14	2012/01/24	B4	0	15	0	0	42	V	380	365	01/00/00
2012/01/25	2013/01/24	B4	0	15	0	0	366	V	381	366	01/00/00
2013/01/25	2014/01/24	B4	0	15	0	0	365	V	380	365	01/00/00
2014/01/25	2015/01/24		^	1 5	<u>^</u>	^	205	17	200	205	01/00/00

The direct deposit form (FMS 2231) is pretty self explanatory. Make sure that in the Type of Payment block that it is checked for Other Federal Employment Related Payments. And the very last digit of your routing number will fall into the check digit, the automated form does this.

Use: For processing Federal emp travel reimbursement, uniform a	oloyee net salary, llowance, etc). E	FASTSTAF DRECT STAF FOR PROCESSING FEDERAL allotments, and other agency - ap mployee must complete items 1,2,3 y allotment - see instructions on b	EMPLOYEE PAYMENT proved payments associated and 5. Complete item 4	ted with Federal employment (i.
1. EMPLOYEE INFORMATION	1			
(SSN) EMPLOYEE PAYROLL	DENTIFICATION	NUMBER		
EMPLOYE (as on payro	Il records)	ast, First, Initials)		
TELEPHONE NUMBER	(WORK)		(HOME)	
2. TYPE OF ACCOUNT Checking Savings	A voided perso See instruction ROUTIN	POSIT ACCOUNT INFORMATION nai check/sharedraft may be attact s on back of this form.	- NET PAY/TRAVEL/OTI ed in lieu of completing t	HER (Use Sec. 4 for allotments) his section.
TYPE OF PAYMENT			Check Digit	
Travel Other Federal employment related payments	(NT TITLE Account Holder's Name) IAL INSTITUTION NAME		
4. ALLOTMENT INFORMATIO Complete this section only if you we		r change the amount of a savings or dis	cretionary allotment - see ins	structions on back of form.
TYPE OF ALLOTM (Check One) Savings (whole dollar Discretionary or Third	amounts only)	TYPE OF ACCOUNT (Check One) SAVINGS CHECKING	ACTION (Check One) START CANCEL CHANGE	AMOUNT (Check One) INCREASE TO: DECREASE TO: New Total \$
ALLOTTEE NAME (person/company w will receive allotmer				
ALLOTTEE'S ROUT	ING NUMBER	Check	Digit	
ALLOTTEE'S ACCO	UNT NUMBER			
ALLOTTEE'S ACCO (Account Holder's N				
FINANCIAL INSTIT				
5. AUTHORIZATION				
* =	OYEE'S SIGNAT	TURE		DATE
6. AGENCY USE:				
FMS 19.5 2231				DEPARTMENT OF THE TREASU NANCIAL MANAGEMENT SERVI

The DD 2656 MUST BE DATED OCT 2018 or HRC will automatically kick it back to you. Blocks 1-5 are self explanatory. Make sure that for block 4 you use your retirement date (the day you got out of boots).

OMB No 0704-0540

	DATA FO	R PAYMENT C	OF RETIRED PER	SONNEL	0	MB No. 0704-0569 MB approval expires: aptember 30, 2021
The public reporting burden for this collection of informa mainfairing the data needed, and completing and revie leadquarters Services, at whs mc-siex esd mbx.dd-dou aling to comply with a collection of information th it doe	wing the collection of Info d-Information-collections	mation. Send comments Omail.ml, Resoundents s	regarding the burden estimate hould be aware that notwithsta	or burden reduction successions to	o the Department	of Defense, Washington
AUTHORITY: 10 U.S.C. 71, Computatio Program Administration; and DoD Finan					ruction 1332.4	2, Survivor Annuity
PRINCIPAL PURPOSE(S): To collect in	formation needed t	to establish a retired	/retainer pay account,	including designation of be	eneficiaries fo	r unpaid retired pay
state tax withholding election, information	n on dependents, a	and to establish a S	urvivor Benefit Plan ele	ection.		
ROUTINE USE(S): To the Department o annuitants. To former spouses for purpo coverage. To spouses for purposes of pr Additional routine uses are available in th http://dpcld.defense.gov/Privacy/SORNs	oses of providing in roviding information he applicable syste Index/DOD-wide-S	formation, consisten n, consistent with the m of records notice CRN-Article-View//	nt with the requirement e requirements of 10 U T7347b, Defense Milit Article/570196/t7347b/	Is of 10 U.S.C. 1450(f)(3), i J.S.C. 1448(a), regarding S tary Retiree and Annuity P;	regarding Sur Survivor Bene ay System Re	vivor Benefit Plan fit Plan coverage.
DISCLOSURE: Voluntary; however, failu	are to provide reque			tiating retired/retainer pay.		
Re	ad the instruction		RNING s form in their entiret	y prior to completing.		
			PAY INFORMA			
SECTION I - PAY IDENTIFICATION						
1. NAME (Last, First, Middle Initial)			2. SSN	3. DATE OF BIRTH		MENT / TRANSFER
				(YYYYMMDD)	DATE (7	YYYMMDD)
5. RANK / PAYGRADE	6. BRAN	NCH OF SERVICE				
		AIR FORCE	b. ARMY 🔲 c. N	AVY 🔲 d. MARINE CO	ORPS	e. COAST GUARD
7. MEMBER OR FORMER MEMBER O	FTHE 8. PART	TICIPANT IN THE F	OLLOWING RETIREN	MENT PLAN (See instructi	ons, check or	ly one)
a. ACTIVE COMPONENT	a	a. FINAL PAY (only	those members who first j	lained the service prior to Sept	ember 8, 1980)	
b. RESERVE COMPONENT	E	o. HIGH-3 (also kno	own as the "High 36"))		
(all members of the Reserves a	and 🗌 🤉	. CSB/REDUX (onl)	r members who elected th	e Career Status Bonus upon o	completion of 1	5 years of service)
National Guard including Active Reserve and Full-Time Support	Guard/	. BLENDED RETIR	REMENT SYSTEM (BF	RS)		
		DISABILITY				
9. CORRESPONDENCE ADDRESS (E	nsure DFAS - Clev	eland Center is adv	ised whenever your co	rrespondence address cha	inges.)	
a. STREET (Include apartment number,	,		b. CITY		c. STATE	d. ZIP CODE
					•	
e. TELEPHONE (Incl. area code)	f EMAI					
······································		L ADDRESS		g. PREFERRED CC	DNTACT ME	HOD (check one)
		LADDRESS		g. PREFERRED CO		'HOD (check one) MAIL
SECTION II - DIRECT DEPOSIT / ELEC			T) INFORMATION (Se	TELEPHONE		, ,
	CTRONIC FUND T	RANSFER (DD/EF		TELEPHONE e Instructions)	E 🗌 E	MAIL
SECTION II - DIRECT DEPOSIT / ELEC	CTRONIC FUND T	RANSFER (DD/EF	ial information current	TELEPHONE e Instructions)	E 📃 E tems 10 throu	MAIL igh 13)
SECTION II - DIRECT DEPOSIT / ELEC	CTRONIC FUND T	RANSFER (DD/EF	ial information current	TELEPHONE e Instructions) y on file, otherwise fill out I	E 📃 E tems 10 throu	MAIL igh 13)
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SECTION II - DIRECT DEPOSIT / ELEC ACTIVE DUTY ONLY: Check he 10. ACCOUNT TYPE (Check one) CHECKING SAVINGS 13. FINANCIAL INSTITUTION	CTRONIC FUND TI are if you want to co 11. f b. STREET (Inclu	RANSFER (DD/EF ontinue using financ ROUTING NUMBE	ial information currenth R (See Instructions)	TELEPHONE e Instructions) y on file, otherwise fill out I 12. ACCOUNT NU	E E E	MAIL igh 13) instructions) E e. ZIP CODE
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Date Prepared: 2020/11/23 Output Reason: Request AYE: 01/24 Notice of Eligibility: NO Highest Grade Held: E06 RPED: Pds.

This summary is a statement of your points earned towards retirement. You should review all entries and report any discrepancies to your unit clerk. Particular attention should be given to any period of service with a verification status (VS) of "B" because points are not credited until verified.

Begin Date (yyyymmdd)	End Date (yyyymmdd)	MMSI	IDT	MEM	ACCP Misc Pts	FHD	AD Pts	VS	Total Career Points	Total Pts For Ret Pay	Creditable Svc For Ret Pay
2007/01/25	2007/04/17	B1	10		0	0	1	V			//
2007/04/18	2007/09/07	B7	0		0	0	143	V			//
2007/09/08	2008/01/24	B1	16	15	0	0	0	V	185	185	01/00/00
2008/01/25	2008/06/30	B1	23		0	0	15	V			//
2008/07/01	2008/09/30	B4	0		2	0	92	V			//
2008/10/01	2009/01/24	B1	33	15	0	0	0	V	180	180	01/00/00
2009/01/25	2010/01/24	B1	58	15	0	0	29	V	102	102	01/00/00
2010/01/25	2011/01/24	B1	0	15	0	0	358	V	373	365	01/00/00
2011/01/25	2011/03/31	B1	0		0	0	66	V			//
2011/04/01	2011/05/31	B4	0		0	0	61	V			//
2011/06/01	2011/12/13	B2	0		0	0	196	V			//
2011/12/14	2012/01/24	B4	0	15	0	0	42	V	380	365	01/00/00
2012/01/25	2013/01/24	B4	0	15	0	0	366	V	381	366	01/00/00
2013/01/25	2014/01/24	B4	0	15	0	0	365	V	380	365	01/00/00
2014/01/25	2015/01/24	D /	0	4 5	0	•	205	17	200	205	01/00/00

Block 8 has several options, if you were final pay and your RPAM has no H3, MMSI codes, and joined before September 8th 1980 then you would fall under the Final Pay category. If you joined after Sep 8th 1980 and before Jan 2018 then you would fall into the High-3 category. If during your career you took the CSB/Redux you would select that block. If you have elected to participate in the Blended Retirement System during 2017 then you would select that block. If you have went through a Medical Board and are being medically retired you would select the Disability block (e).

	DA	TA FOR PAYMENT	OF RETIRED PERS	ONNEL		04	MB No. 0704-0569 MB approval expires: ptember 30, 2021
The public reporting burden for this collection of inform maintaining the data needed, and completing and revi Headquarters Services, at whits micralex ead mits dd-d failing to comply with a collection of information if it do	lewing the colle- iod-information-	ction of information. Send comments collections@mail.mll. Respondents s	regarding the burden estimate or should be aware that notwithstand	burden reduction suggesti	ons to the Depart	tment of	Defense, Washington
AUTHORITY: 10 U.S.C. 71, Computati Program Administration: and DoD Finar					Instruction 13	332.42	2, Survivor Annuity
PRINCIPAL PURPOSE(S): To collect in	nformation i	needed to establish a retired	d/retainer pay account, in	luding designation	of beneficiari	ies for	unpaid retired pay,
state tax withholding election, information ROUTINE USE(S): To the Department							
annuitants. To former spouses for purp	oses of pro	viding information, consiste	nt with the requirements of	of 10 U.S.C. 1450(f)	3), regarding	g Surv	ivor Benefit Plan
coverage. To spouses for purposes of p Additional routine uses are available in http://dpcld.defense.gov/Privacy/SORN	the applicat	ble system of records notice	T7347b. Defense Militan	.C. 1448(a), regardii y Retiree and Annuit	ng Survivor E ty Pay System	Benefi m Rec	t Plan coverage. cords, available at:
DISCLOSURE: Voluntary; however, fai	lure to prov	ide requested information w	rill result in delays in initia	ing retired/retainer p	oay.		
R	ead the ins	W/ structions at the end of thi	ARNING is form in their entirety p	prior to completing			
		PART I - RETIRED	D PAY INFORMAT				
SECTION I - PAY IDENTIFICATION							
1. NAME (Last, First, Middle Initial)			2. SSN	3. DATE OF BIR	TH 4 RET	IREM	IENT / TRANSFER
				(YYYYMMDD)			YYMMDD)
5. RANK / PAYGRADE		6. BRANCH OF SERVICE					
		a. AIR FORCE	🕻 b. ARMY 📃 c. NAV	Y 📃 d. MARINI	E CORPS	🗌 e	. COAST GUARD
7. MEMBER OR FORMER MEMBER	OF THE	8. PARTICIPANT IN THE F	FOLLOWING RETIREME	NT PLAN (See instr	uctions, che	ck onl	y one)
a. ACTIVE COMPONENT			those members who first join	ed the service prior to	September 8,	1980)	
b. RESERVE COMPONENT			own as the "High 36")				
(all members of the Reserves National Guard including Activ	and e Guard/		y members who elected the (on completion	of 15	years of service)
Reserve and Full-Time Support	rt)		REMENT SYSTEM (BRS)			
		e. DISABILITY					
9. CORRESPONDENCE ADDRESS (i a. STREET (Include apartment number		S - Cleveland Center is adv	b. CITY	spondence address	c, STA	TE	d. ZIP CODE
a. STREET (Include apartment numbe	9		B. CITT		C. 514		d. ZIP CODE
e. TELEPHONE (Incl. area code)		f. EMAIL ADDRESS		g. PREFERRED	CONTACT		HOD (check one)
				TELEPH	ONE	EN	AIL
SECTION II - DIRECT DEPOSIT / ELE	CTRONIC	FUND TRANSFER (DD/EF	T) INFORMATION (See /	nstructions)			
ACTIVE DUTY ONLY: Check h	ere if vou w	ant to continue using finance	al information currently o	n file, otherwise fill (out Items 10	throug	ah 13)
10. ACCOUNT TYPE (Check one)	,	11. ROUTING NUMBE	-	12. ACCOUN			
CHECKING SAVINGS				12.7100001			
13. FINANCIAL INSTITUTION							
a. NAME	b. STRE	ET (Include apartment num	ber) (. CITY	d. 5	TATE	e. ZIP CODE
						[•
SECTION III - SEPARATION PAYMEN	IT INFORM	ATION	· · ·				•
14. a. PAYMENT TYPE RECEIVED (C	heck one)				b. GR	oss	AMOUNT
NONE SEVERANO	CE PAY (SE	E) READJUSTMENT	TPAY (RP) 🗌 SEPA	RATION PAY (SP)			
VOLUNTARY SEPARATION INCEN	NTIVE (VSI)	SPECIAL SEPAR	ATION BONUS (SSB)	OTHER			
NOTE: If any payment type was sel	ected, attac	h a COPY OF THE ORDER	S which authorized the p	ayment and a COP	OF THE D	D FOF	RM 214.
List Of Attachments							
Add Attachment		View Select	ed Attachment	F	Remove S		ed Attachment
DD FORM 2656, OCT 2018		PREVIOUS EDIT	TION IS OBSOLETE.				Page 1 of 5 AEM LiveCycle Designer

Complete all of section II with your account information and use the address of your Bank's Main branch.

	DA	ATA FOR PAYMENT (NNEL		DMB No. 0704-0569 DMB approval expires:
		CIATOR FAImente	I KEIKEDTEKSC			September 30, 2021
The public reporting burden for this collection of inform mainfaining the data needed, and completing and revi Headquarters Services, at whs mc-alex east mbr. dd-d failing to comply with a collection of information if it do	ewing the colle	ction of information. Send comments collections@mail.ml, Respondents si	regarding the burden estimate or t hould be aware that notwithstanding	for reviewing instructions, sea urden reduction suggestions to g any other provision of law, no	ching existing d the Departmen person shall be	ala sources, gathering and t of Defense, Washington e subject to any penalty for
AUTHORITY: 10 U.S.C. 71, Computation Program Administration; and DoD Finar					uction 1332	42, Survivor Annuity
PRINCIPAL PURPOSE(S): To collect in state tax withholding election, information					neficiaries f	or unpaid retired pay,
ROUTINE USE(S): To the Department						
annuitants. To former spouses for purp coverage. To spouses for purposes of p Additional routine uses are available in http://dpcld.defense.gov/Privacy/SORN:	roviding in the applica	formation, consistent with the ble system of records notice	e requirements of 10 U.S. T7347b, Defense Military	C. 1448(a), regarding S	urvivor Bene	efit Plan coverage.
DISCLOSURE: Voluntary; however, fail	ure to prov	ride requested information w	ill result in delays in initiat	ng retired/retainer pay.		
R	ead the in:	WA structions at the end of thi	RNING s form in their entirety p	rior to completing.		
		PART I - RETIRED) PAY INFORMATI	ON		
SECTION I - PAY IDENTIFICATION						
1. NAME (Last, First, Middle Initial)			2. SSN	3. DATE OF BIRTH		MENT / TRANSFER
				(YYYYMMDD)	DATE (YYYYMMDD)
5. RANK / PAYGRADE		6. BRANCH OF SERVICE				
			b. ARMY 📃 c. NAV			e. COAST GUARD
7. MEMBER OR FORMER MEMBER	DF THE	8. PARTICIPANT IN THE F	OLLOWING RETIREMEN	IT PLAN (See instruction	ons, check o	nly one)
a. ACTIVE COMPONENT			those members who first joine	d the service prior to Sept	ember 8, 1980	9
b. RESERVE COMPONENT		b. HIGH-3 (also kno				
(all members of the Reserves National Guard including Active	and Guard/		r members who elected the C	areer Status Bonus upon o	ompletion of	15 years of service)
Reserve and Full-Time Suppor	t)		REMENT SYSTEM (BRS)			
		e. DISABILITY				
9. CORRESPONDENCE ADDRESS (E		AS - Cleveland Center is adv	-	spondence address cha		1
a. STREET (Include apartment numbe	r)		b. CITY		c. STATE	d. ZIP CODE
e. TELEPHONE (Incl. area code)		f. EMAIL ADDRESS		g. PREFERRED CO		
c. TEEET HOME (mar area code)		I. EMPLE PRODUCEDO		TELEPHONE		EMAIL
SECTION II - DIRECT DEPOSIT / ELE	CTRONIC	EUND TRANSEER (DD/EE	TI INCODMATION /See /		· .	
		•	, .			
ACTIVE DUTY ONLY: Check h	ere if you v	-				
10. ACCOUNT TYPE (Check one)		11. ROUTING NUMBER	R (See Instructions)	12. ACCOUNT NU	MBER (See	Instructions)
CHECKING SAVINGS						
13. FINANCIAL INSTITUTION a. NAME	L ATOS	ET (Include apartment num)		CITY	d. STA	TE e. ZIP CODE
a. NAME	D. SIKE	c i (maude apartment numb	c	. GIT	0. STA	•
SECTION III - SEPARATION PAYMEN	T INFORM	IATION				
14. a. PAYMENT TYPE RECEIVED (C	heck one)				b. GROS	S AMOUNT
NONE SEVERANC	E PAY (SI	E) READJUSTMENT	PAY (RP) SEPAR	ATION PAY (SP)		
VOLUNTARY SEPARATION INCEN	ITIVE (VSI) SPECIAL SEPAR	ATION BONUS (SSB)	OTHER		
NOTE: If any payment type was sel	ected, attac	h a COPY OF THE ORDER	S which authorized the pa	yment and a COPY OF	THE DD F	DRM 214.
List Of Attachments						
Add Attachment			ed Attachment	Ren	nove Sele	cted Attachment Page 1 of 5
DD FORM 2656, OCT 2018		PREVIOUS EDIT	ION IS OBSOLETE.			Page 1 of 5 AEM LiveCycle Designer

In Section III you would look at your DD 214 and in block 18 of the 214 it will tell you if you received any kind of payment from the Army. You will need to repay these in order to receive your retirement pension. Majority of the time if you were not on Active Duty at any point in your career you will not have receive any type of pay.

		A FOR PAYMENT O				0 S	MB No. 0704-0569 MB approval expires: eptember 30, 2021
he public reporting burden for this collection of information, almaining the data needed, and completing and reviewing	, 0704-0569 the collect	I, is estimated to average 15 minute ion of information. Send comments	es per response, including the regarding the burden estimat	e time for n le or burde	eviewing instructions, sea n reduction suggestions to	ching existing da the Department	la sources, gathering and of Defense, Washington
eadquarters Services, at whs mc-alex.esd mbx.dd-dod-info alling to comply with a collection of information if it does not	ormation-co	ilections@mail.ml. Respondents si	hould be aware that notwithst	tanding an;	y other provision of law, n	person shall be	subject to any penalty for
AUTHORITY: 10 U.S.C. 71, Computation of Program Administration; and DoD Financial	f Retired Manage	Pay; 10 U.S.C. 73, Annuit ment Regulation, 7000.14	ies Based On Retired -R, Volume 7B, Chapt	Or Reta ter 42.	iner Pay; DoD Instr	uction 1332.4	2, Survivor Annuity
PRINCIPAL PURPOSE(S): To collect inform state tax withholding election, information or	n depend	lents, and to establish a Si	urvivor Benefit Plan el	ection.			
ROUTINE USE(S): To the Department of Ve annuitants. To former spouses for purposes coverage. To spouses for purposes of provide Additional routine uses are available in the a http://dpcld.defense.gov/Privacy/SORNsInde	s of provi ding info applicable ex/DOD-	iding information, consister rmation, consistent with the e system of records notice wide-SORN-Article-View/A	nt with the requiremen e requirements of 10 U T7347b, Defense Mili Article/570196/t7347b/	its of 10 U.S.C. 1 itary Ref	U.S.C. 1450(f)(3), r 448(a), regarding S irree and Annuity P;	egarding Sur urvivor Bene	vivor Benefit Plan fit Plan coverage.
DISCLOSURE: Voluntary; however, failure t	to provid		ill result in delays in in ARNING	itiating r	etired/retainer pay.		
Read	the inst	ructions at the end of thi		ty prior	to completing.		
		PART I - RETIRED) PAY INFORMA	ATION	I		
SECTION I - PAY IDENTIFICATION							
1. NAME (Last, First, Middle Initial)			2. SSN	3.	DATE OF BIRTH (YYYYMMDD)	4. RETIRE DATE (Y	MENT / TRANSFER
5. RANK / PAYGRADE	6	BRANCH OF SERVICE	1				
		a. AIR FORCE	b. ARMY 🔲 c. N	AVY	d. MARINE CO	RPS	e. COAST GUARD
7. MEMBER OR FORMER MEMBER OF T	HE 8	. PARTICIPANT IN THE F	OLLOWING RETIRE	MENT P	LAN (See instructi	ons, check or	ily one)
a. ACTIVE COMPONENT		a. FINAL PAY (only:	those members who first	joined th	e service prior to Sept	ember 8, 1980)	
b. RESERVE COMPONENT		📄 b. HIGH-3 (also kno	wn as the "High 36"	7			
(all members of the Reserves and National Guard including Active Gu	iard/	c. CSB/REDUX (only			r Status Bonus upon o	ompletion of 1	5 years of service)
Reserve and Full-Time Support)		d. BLENDED RETIR	LEMENT SYSTEM (B	RS)			
9. CORRESPONDENCE ADDRESS (Ensu	re DFAS		ised whenever your co	orrespor	idence address cha	nges.)	
a. STREET (Include apartment number)			b. CITY				d. ZIP CODE
e. TELEPHONE (Incl. area code)	f.	EMAIL ADDRESS		1	. PREFERRED CO		. ,
					TELEPHONE	E 🗌 E	MAIL
	IONIC F						
SECTION II - DIRECT DEPOSIT / ELECTR		UND TRANSFER (DD/EF	T) INFORMATION (Se	ee Instru	ictions)		
SECTION II - DIRECT DEPOSIT / ELECTR	'f you wa					iems 10 throu	ıgh 13)
ACTIVE DUTY ONLY: Check here it 10. ACCOUNT TYPE (Check one)	if you wa		sial information current				
ACTIVE DUTY ONLY: Check here it 10. ACCOUNT TYPE (Check one) CHECKING SAVINGS	if you wa	nt to continue using financ	sial information current		, otherwise fill out I		
ACTIVE DUTY ONLY: Check here if 10. ACCOUNT TYPE (check one) CHECKING SAVINGS 13. FINANCIAL INSTITUTION		nt to continue using financ	ial information current R (See Instructions)		e, otherwise fill out I 12. ACCOUNT NU	MBER (See)	e. ZIP CODE
ACTIVE DUTY ONLY: Check here if 10. ACCOUNT TYPE (Check one) CHECKING SAVINGS 13. FINANCIAL INSTITUTION	STREE	nt to continue using financ 11. ROUTING NUMBEI T (Include apartment numb	ial information current R (See Instructions)	tly on file	e, otherwise fill out I 12. ACCOUNT NU	MBER (See)	instructions)
ACTIVE DUTY ONLY: Check here if ACCOUNT TYPE (Check one) OHECKING SAVINGS SAVINGS I3. FINANCIAL INSTITUTION a. NAME b.	STREE	nt to continue using financ 11. ROUTING NUMBEI T (Include apartment numb	ial information current R (See Instructions)	tly on file	e, otherwise fill out I 12. ACCOUNT NU	MBER (See)	E e. ZIP CODE
ACTIVE DUTY ONLY: Check here if ACTIVE DUTY ONLY: Check here if ACCOUNT TYPE (Check one) CHECKING SAVINGS CHECKING SAVINGS ANIME ANAME b. SECTION III - SEPARATION PAYMENT IN 4. A PAYMENT TYPE RECEIVED (Check	STREE	nt to continue using finance 11. ROUTING NUMBER 11. ROUTING NUMBER 11. ROUTING NUMBER TION	ial information current R (See Instructions)	tly on file	e, otherwise fill out I 12. ACCOUNT NU	d. STAT	E e. ZIP CODE
ACTIVE DUTY ONLY: Check here if ACTIVE DUTY ONLY: Check here if ACCOUNT TYPE (Check one) CHECKING SAVINGS CHECKING SAVINGS ANIME ANAME b. SECTION III - SEPARATION PAYMENT IN 4. A PAYMENT TYPE RECEIVED (Check	STREE FORMA one) PAY (SE)	nt to continue using finance 11. ROUTING NUMBER T (Include apartment number TION READJUSTMENT	ial information current R (See Instructions) ber)	c. CIT	e, otherwise fill out I 12. ACCOUNT NU	d. STAT	E e. ZIP CODE
ACTIVE DUTY ONLY: Check here if ACTIVE DUTY ONLY: Check here if ACTOUNT TYPE: (check one) CHECKING CHECKING ANIME ANIME b. SECTION III - SEPARATION PAYMENT IN A. PAYMENT TYPE RECEIVED (check NONE SEVERANCE P VOLUNTARY SEPARATION INCENTIVI NOTE: If any payment type was selected:	STREE FORMA one) PAY (SE) E (VSI)	nt to continue using finance 11. ROUTING NUMBER 11. ROUTING NUMB	ial information current R (See Instructions) ber) F PAY (RP) SEI ATION BONUS (SSB)	c. CI	otherwise fill out I 12. ACCOUNT NU IY ON PAY (SP) OTHER	d. STAT	e. ZIP CODE
ACTIVE DUTY ONLY: Check here if ACTIVE DUTY ONLY: Check here if ACTIVE (Check one) GHECKING ANINGS ANINGS ANING ANINE ANINE	STREE FORMA one) PAY (SE) E (VSI)	nt to continue using finance 11. ROUTING NUMBER 11. ROUTING NUMB	ial information current R (See Instructions) ber) F PAY (RP) SEI ATION BONUS (SSB)	c. CI	otherwise fill out I 12. ACCOUNT NU IY ON PAY (SP) OTHER	d. STAT	e. ZIP CODE
ACTIVE DUTY ONLY: Check here if ACTIVE DUTY ONLY: Check here if ACTOUNT TYPE: (check one) CHECKING CHECKING ANIME ANIME b. SECTION III - SEPARATION PAYMENT IN A. PAYMENT TYPE RECEIVED (check NONE SEVERANCE P VOLUNTARY SEPARATION INCENTIVI NOTE: If any payment type was selected:	STREE FORMA one) PAY (SE) E (VSI)	nt to continue using financ 11. ROUTING NUMBER T (Include apartment numb TION READJUSTMENT SPECIAL SEPAR a COPY OF THE ORDER	ial information current R (See Instructions) ber) F PAY (RP) SEI ATION BONUS (SSB)	c. CI	e, otherwise fill out I 12. ACCOUNT NU 12. ACCOUNT NU 14. ACCOUNT NU 17. ACCOUNT	MBER (See)	e. ZIP CODE

If you are filling this form out digitally, it will automatically populate your name and social security number on the top. If you are filling it out by hand please make sure to put your information in. Block 15a is just an agreement statement, if you are currently receiving pay from the VA disability compensation make sure to put the effective date and payment amount in c-d. You can find that information on VA.gov or on your award letter that they send to you.

MEMBER NAME (Last, First, M	ddie Initi	al)									5	SN	
SECTION IV - VETERANS AFI	FAIRS	VA) DISABILITY	COMPE	NSAT	ION INFOR	MATION		_					
15. VA DISABILITY COMPEN													
a. IN THE EVENT I AM AWAR COMPENSATION BY THE V DFAS OF THE AMOUNT OF MAY IMPACT MY RETIRED	/A, I W = ANY /	ILL NOTIFY AWARD, AS IT	YO	U RE	ou applie Ceiving VA Disability?	D FOR OR ARI A COMPENSAT	ION	c. EF PA	Fective Yment (DATE C	NF DD)		THLY AMOUNT AYMENT
Agree				Yes		No							
SECTION V - DESIGNATION O	OF BEN	IEFICIARIES FOR	UNPAI	ID RE	TIRED PAY	(See Instruction	15)						
Check this box if you wa	ant to d	esignate your spor	use as 1	00%	beneficiary o	f any unpaid re	tired p	ay upor	i death <u>O</u>	R comple	te Iten	n 16	
16. BENEFICIARY OR BENEF										Add Ro		Rem	ove Last Row
Complete this section if you If you do not complete this s												ur death	
a. NAME (Last, First, Middle Int		b. SSN				et, City, State, ZIF					LATIO		e. SHARE
(1)													*
(2)													%
(3)													%
SECTION VI - FEDERAL INCO	_												
17. MARITAL STATUS (Check		18. TOTAL NUME EXEMPTIONS			9. ADDITI WITHHOLI	ONAL DING (Optional)	FF	ROM W	I EXEMP ITHHOLD XEMPT")		U	RE YOU NITED S TIZEN?	
AT HIGHER SINGLE R											×	Yes No (Se	e Instructions)
SECTION VII - VOLUNTARY S	TATE 1	AX WITHHOLDIN	ig info	RMA	TION (Comp	lete only if mon	thly wi	ithholdir	ng is desi	red.)			
22. STATE DESIGNATED		ONTHLY AMOUN dollar amount not le	_			DDRESS (If diff		rom addr		n Block 9)	_		
TO RECEIVE TAX Kentucky	than \$		a	1.511	LEEI (Includ	le apartment nu	mber)		b. CITY		C. 3		d. ZIP CODE
DD FORM 2656, OCT 20	18		PRE	EVIOL	JS EDITION	IS OBSOLETE						AĐ	Page 2 of 5 UveCycle Designer

Keep in mind your percentage rating can trigger a VA Waiver Offset!

MEMBER NAME (Last, First, Midd	ie Initial)						SSN	
SECTION IV - VETERANS AFFA	IRS (VA) DISABILITY	COMPENS	SATION INFORMATION				· · · · ·	
15. VA DISABILITY COMPENSA	ATION	_		_				
a. IN THE EVENT I AM AWARD COMPENSATION BY THE VA DFAS OF THE AMOUNT OF A MAY IMPACT MY RETIRED P	, I WILL NOTIFY ANY AWARD, AS IT	YOU	E YOU APPLIED FOR OR ARI RECEIVING VA COMPENSAT A DISABILITY?		C. EFFECTIVE PAYMENT (DATE OF		THLY AMOUNT Ayment
Agree		🗌 Y	/es 📃 No					
SECTION V - DESIGNATION OF	BENEFICIARIES FOR	UNPAID I	RETIRED PAY (See Instruction	15)				
Check this box if you wan	t to designate your spou	ise as 100'	1% beneficiary of any unpaid re	tired pa	ay upon death <u>O</u>	complete	ltem 16	
16. BENEFICIARY OR BENEFIC						Add Row		nove Last Row
Complete this section if you wa If you do not complete this sec			eneficiaries to receive any unp will cause significant delay in c					,
a. NAME (Last, First, Middle Initial			ADDRESS (Street, City, State, ZI				TIONSHIP	e. SHARE
(1)								%
(2)								%
(3)								*
SECTION VI - FEDERAL INCOM	IE TAX WITHHOLDING	INFORM	ATION (Submit information in I					
17. MARITAL STATUS (Check on SINGLE MARRIE	EVENDTIONS		19. ADDITIONAL WITHHOLDING (Optional)	FR	CLAIM EXEMP OM WITHHOLD nter "EXEMPT")	ING 21	ARE YOU UNITED S CITIZEN?	
AT HIGHER SINGLE RAT							Yes	ee Instructions)
SECTION VII - VOLUNTARY ST	ATE TAX WITHHOLDIN	g inform	MATION (Complete only if mon	thly wit	thholding is desi	red.)		
ZZ. STATE DESIGNATED	23. MONTHLY AMOUN Whole dollar amount not le		RESIDENCE ADDRESS (if diff					
	han \$10.00)	a. S	STREET (Include apartment nu	mber)	b. CITY		c. STATE	d. ZIP CODE
Kentucky							1	
DD FORM 2656, OCT 2018	3	PREV	IOUS EDITION IS OBSOLETE					Page 2 of 5

For Section V if you check the box directly under it, that will designate your spouse as your 100% beneficiary. For those of you with children under the age of 18 or 22 (still in college unmarried) do not check this box, you will need to put your children's information. Always make sure that you look at your original DD 1883 or DD 2656-5 to see what option you have chosen. By law (10 U.S.C. 1448) what you chose on the DD 1883 or DD2656-5 is irrevocable unless, remarriage, death or major life changing event. Children who are over the age of 18 or 22(in college and unmarried) will fall off coverage when they are no longer eligible.

MEMBER NAME (Last, First, Mi	ddie Initia	N)						SSN		_
SECTION IV - VETERANS AFF	FAIRS (VA) DISABILITY	COMPENS	ATION INFORMATION						
15. VA DISABILITY COMPENS		•								-
a. IN THE EVENT I AM AWARDED DISABILITY COMPENSATION BY THE VA, I WILL NOTIFY DFAS OF THE AMOUNT OF ANY AWARD, AS IT				E YOU APPLIED FOR OR ARE RECEIVING VA COMPENSAT A DISABILITY?	c. EFFECTIVE PAYMENT	DATE OF	e d. MON D) OF PA	THLY AMO AYMENT	UNT	
MAY IMPACT MY RETIRED PAY BENEFIT.				'es 🔲 No						
SECTION V - DESIGNATION O	OF BEN	EFICIARIES FOR	UNPAID	RETIRED PAY (See Instruction	15)					
Check this box if you wa	ant to de	signate your spou	use as 100	% beneficiary of any unpaid re	tired pa	ay upon death O	R complet	e Item 16		_
16. BENEFICIARY OR BENEF	ICIARIE	S INFORMATIO	N				Add Row	r Ren	nove Last R	ow
				eneficiaries to receive any unp will cause significant delay in d						_
a. NAME (Last, First, Middle Int		b. SSN		Will cause significant delay in o ADDRESS (Street, City, State, ZIF				ATIONSHIP	e. SHAF	RF
(1)		5.001		abbricade (earce), only, only, 2	0000)		u. nee		c. orau	%
(2)			_							%
(3)										%
SECTION VI - FEDERAL INCO	ME TA	X WITHHOLDING	INFORM	ATION (Submit information in It	tems 1	7 – 21 in lieu of l	RS Form	W-4 for tax pu	rposes.)	
17. MARITAL STATUS (Check)	one) '	18. TOTAL NUME EXEMPTIONS	BER OF	19. ADDITIONAL WITHHOLDING (Optional)	20. I FF	CLAIM EXEMP ROM WITHHOLD	TION 2	21. ARE YOU UNITED S CITIZEN?	A TATES	
AT HIGHER SINGLE R								🔀 Yes 📃 No (Si	ee Instruction	is)
SECTION VII - VOLUNTARY S	TATE T	AX WITHHOLDIN	IG INFOR	MATION (Complete only if mon	thly wi	thholding is desi	red.)			
22. STATE DESIGNATED TO RECEIVE TAX		DNTHLY AMOUN dollar amount not le		RESIDENCE ADDRESS (if din TREET (Include apartment nu		om address listed b. CITY	n Block 9)	c. STATE	d. ZIP CO	DE
Kentucky •	and a gr	0.00)						-		
DD FORM 2656, OCT 204	18		PREV	IOUS EDITION IS OBSOLETE				AB	Page 2 UveCycle De	of

For Section VI block 17-19 are self explanatory and based off of your W-4. If you are disabled and drawing Social Security, in block 20 you will put "exempt" and leave blocks 17-19 blank. Note you must file a new W-4 yearly (Feb 15th) with DFAS-Cleveland. Section VII: the state of Kentucky does not tax Military Retirement unless you exceed \$41,110.

MEMBER NAME (Last, First, M	liddle Initial)						SSN		
SECTION IV - VETERANS AF	FAIRS (VA) DISABILITY	COMPENS	ATION INFORMATION						
15. VA DISABILITY COMPEN	ISATION			_					
a. IN THE EVENT I AM AWAR COMPENSATION BY THE DFAS OF THE AMOUNT O MAY IMPACT MY RETIRE!	VA, I WILL NOTIFY F ANY AWARD, AS IT	YOU	HAVE YOU APPLIED FOR OR ARE YOU RECEIVING VA COMPENSATION FOR A DISABILITY?			DATE OF		d. MONTHLY AMOU OF PAYMENT	
Agree		🗌 Y	es 📃 No						
SECTION V - DESIGNATION	OF BENEFICIARIES FOR	UNPAID	RETIRED PAY (See Instruction	s)					
·			% beneficiary of any unpaid rel	tired pa	ay upon death <u>O</u>				
16. BENEFICIARY OR BENE						Add Row		nove Last R	lo
If you do not complete this	want to designate a benef section <u>OR</u> check the block	ticiary or b k above, it	eneficiaries to receive any unp will cause significant delay in d	aid reti lisburs	red pay you are ement of remaini	due at dei ing pay up	ath. con your death	n.	
a. NAME (Last, First, Middle In	ittai) b. SSN	c. /	DDRESS (Street, City, State, ZIF	Code)		d. REL	ATIONSHIP	e. SHA	RE
)									
)									
)									
SECTION VI - FEDERAL INC	OME TAX WITHHOLDING	INFORM	ATION (Submit information in It	ems 1	7 – 21 in lieu of l	RS Form	W-4 for tax pu	moses.)	
17. MARITAL STATUS (Checi SINGLE MARI MARRIED BUT WITH AT HIGHER SINGLE F	RIED EXEMPTIONS (19. ADDITIONAL WITHHOLDING (Optional)	FF	CLAIM EXEMP ROM WITHHOLD Inter "EXEMPT")		21. ARE YOU UNITED S CITIZEN? Yes No (S)	TATES	15)
SECTION VII - VOLUNTARY	STATE TAX WITHHOLDIN	G INFOR	ATION (Complete only if mon	thly wi	thholding is desi	red.)			
22. STATE DESIGNATED	23. MONTHLY AMOUN (Whole dollar amount not le		RESIDENCE ADDRESS (If diff			n Block 9)			_
TO RECEIVE TAX Kentucky	than \$10.00)	~ a. S	TREET (Include apartment nu	mber)	b. CITY		c. STATE	d. ZIP CC	D
D FORM 2656, OCT 20	18	0000	IOUS EDITION IS OBSOLETE				45	Page 2	2 c

Section VIII is for those who are in the Blended Retirement System. They are the only individuals that can elect anything on this page. Note- DO NOT SIGN OR MAKE ANY ELECTIONS IF YOU ARE NOT BLENDED. IT WILL CONFUSE HRC AND CAUSE A DELAY IN PROCESSING YOUR APPLICATION.



For Part III section IX, put your spouse's information in blocks 29-30. If you have divorced and remarried you will need to add certified copies along with copies of your election changes (DD form 2656-6). Blocks 32 are for dependents under the age of 18 or 22(in college unmarried). I've seen some grandparents with full custody of grandchildren add them here but in the additional documents they needed to also submit proper court documentation showing custodial rights.

M	MBER NAME (Last, First, Middle Initial)				SSN		
	PART III - SURVIVOR BENEFIT PLAN						
SECTION IX - DEPENDENCY INFORMATION (This section must be completed regardless of SBP Election.)							
29. SPOUSE							
a. NAME (Last, First, Addole Initial) b. SSN c. DATE OF BIRTH (YYYYAMOD)							
30. DATE OF MARRIAGE (VYYYAMOD) 31. PLACE OF MARRIAGE (See Instructions)							
30. DATE OF MARRIAGE (YYYYMMDD) 31. PLACE OF MARRIAGE (See Instructions) 32. DEPENDENT CHILDREN Add Row Remove Last Row							
32. DEPENDENT CHILDREN Add Row Remove Last Row Indicate which child or children resulted from marriage to a former spouse by entering (FS) after relationship in column d.							
Add rows or continue on separate paper if necessary.							
ł	NAME (Last, First, Middle Initial)	b. SSN	c. DATE OF BIRTH (YYYYMMDD)	d. RELATIONSHIP (Son, daughter, stepson, etc.))	e. DISABLED?	
1)					•	🗌 Yes 🔲 N	
?)					٠	Yes N	
3)					•	🗌 Yes 🔲 N	
	CTION X - SURVIVOR BENEFIT PLAN (SBP) ELEC				ection.)		
Jf y	ou make no election, maximum coverage will be estab RESERVE COMPONENT ONLY (This section refers to In most cases you o	lished for your spo	use and/or eligible dep	endent children			
	Form 2650-5 within 90 days of being notified of eligibil elected to defer coverage. You must indicate your pre Option B or Option C, DO NOT enter an election in Bk	vious election in Bl ock 34. (Check only	ock 33a through 33c b one in Block 33a. through	efore proceeding to Block 34. 33c.)	If you prev	er previously iously elected	
ł	OPTION B - Previously elected coverage to be	gin at age 60 (Do n	t make an election in Bio	ck 34, you have already elected co	verage.)		
ł	OPTION C - Previously elected or defaulted to NOTE: If you were married at the time you were notifie you defaulted to full coverage under OPTION (d of eliaibility for non-	eoular retirement and did	ke an election in Block 34, you hav not complete DD Form 2656-5,	e aiready el	ected coverage.)	
	Marital status has changed since your initial elec	tion to participate in	RC-SBP.				
	Yes No If Yes, Attach Page with						
34	Add Attachment View Selected Attachment SBP BENEFICIARY CATEGORIES (Check one only.)	Remove Selecter					
	a. I ELECT COVERAGE FOR SPOUSE ONLY			No			
	b. I ELECT COVERAGE FOR SPOUSE AND CH						
		Y I have a Spouse	Yes No				
	d. I ELECT COVERAGE FOR THE PERSON NA	MED IN BLOCK 3	7 WHO HAS AN INSU	RABLE INTEREST IN ME (S	e Instruction	15)	
	 I ELECT COVERAGE FOR MY FORMER SP(Complete DD 2656-1, "Survivor Benefit Plan (SBP) E 	DUSE INDICATED	IN BLOCK 38 (See Ins	tructions)			
	f. I ELECT COVERAGE FOR MY FORMER SPO	USE AND DEPEN	DENT CHILD(REN) C				
	 g. I ELECT NOT TO PARTICIPATE IN SBP // ha	ve eligible depender 'es', spouse concum	ts under the plan. ence is required in Part	V. Yes No			
35	SBP LEVEL OF COVERAGE (Check one only. Comple				was selected	. See Instructions.)	
	a. I ELECT COVERAGE BASED ON FULL GRO (If I elected the Career Status Bonus under REDUX or I would have received had I NOT elected the Career S	a lump sum of retired	pay under the Biended F Sum.)	etirement System (Part II), fuil gro	is pay is the	amount of retired pa	
	b. I ELECT COVERAGE WITH A REDUCED BA (Spouse concurrence is required in Part V)	SE AMOUNT OF S					
	C. CSB /REDUX MEMBERS ONLY			tired Pay Under REDUX.			
		tand that this repre	sents a Reduced Base	Amount and requires Spouse	Concurren	ce. (See Instructions	
	d. I ELECT COVERAGE BASED ON THE THRE (Spouse concurrence is required in Part V)	SHOLD AMOUNT	IN EFFECT ON THE D	ATE OF RETIREMENT.			

For Section X you will need to look at your DD 1883 or DD 2656-5. If previously you chose Option A you will again choose Option A in block 33, then add your specifics in block 34 and 35. If you had chosen Option B previously, then blocks 34-37j will become greyed out meaning the beneficiaries you had previously are now your current beneficiaries. Option C will also gray out blocks 34-37j but please make sure that the marital status block is checked and you add the divorce decree to your packet along with any election changes.

EMBER NAME (Last, First, Middle Initial) SSN							
PART III - SURVIVOR BENEFIT PLAN							
SECTION IX - DEPENDENCY INFORMATION (This section	on must be completed	regardless of SBP Electio	n.)				
29. SPOUSE							
a. NAME (Last, First, Middle Initial)			b. S	SN	c. D. ()	ATE OF BIRTH	
30. DATE OF MARRIAGE (YYYYMMDD)		31. PLACE OF N	iarriage (s	ee Instructions)			
32. DEPENDENT CHILDREN				Add Row	v	Remove Last Row	
Indicate which child or children resulted from marriage Add rows or continue on separate paper if necessary.	to a former spous	e by entering (FS) after	relationship in	column d.			
a. NAME (Last, First, Middle Initial)	b. SSN	c. DATE OF BIRTH (YYYYMMDD)	d. RELATIO (Son, daug	DNSHIP hter, stepson, etc.)		e. DISABLED?	
1)					•	🗌 Yes 📃 No	
2)					٠	Yes No	
3)					•	🗌 Yes 📃 No	
SECTION X - SURVIVOR BENEFIT PLAN (SBP) ELEC				•	tion.)	<u> </u>	
If you make no election, maximum coverage will be estat 33. RESERVE COMPONENT ONLY (This section refers to In most cases you (olished for your spo	use and/or eligible depe	endent childrer	1			
Reserve/National Guard members who achieve 20 qualifying years of service make the election to participate in the Reserve Component (RC) SBP on DD Form 266-6 whith 00 days of being notified of eligibility for a non-regular referement not when applying for reflect pays, unless that member previously elected to defer coverage. You must indicate your previous election in Block 33 through 33:0 OPTION A - Previously declined to make an election in Block 34. (check only one in Block 33. through 35:0 OPTION A - Previously elected coverage to begin at age 50 (Do not make an election in Block 34, provide the Block 34, through 35:0 OPTION B - Previously elected coverage to begin at age 50 (Do not make an election in Block 34, provide the Block 34, Block 34, Block 34, Block 34, Block 34, Blo							
a. I ELECT COVERAGE FOR SPOUSE ONLY	I have Dependent C	ihild(ren) 🗌 Yes 📃	No				
b. I ELECT COVERAGE FOR SPOUSE AND C	HILD(REN)						
c. I ELECT COVERAGE FOR CHILD(REN) ONL	Y I have a Spouse	Yes No					
d. I ELECT COVERAGE FOR THE PERSON N	AMED IN BLOCK 3	7 WHO HAS AN INSU	RABLE INTER	REST IN ME (See	Instruction	5)	
e. I ELECT COVERAGE FOR MY FORMER SP Complete DD 2656-1, "Survivor Benefit Plan (SBP) E							
f. I ELECT COVERAGE FOR MY FORMER SPO			THAT MARF	RIAGE			
g. I ELECT NOT TO PARTICIPATE IN SBP	ave eligible depender (es', spouse concum	nts under the plan. ence is required in Part V	Yes [No			
35. SBP LEVEL OF COVERAGE (Check one only. Comple	te UNLESS Option B	or Option C was selected I	n 33 <u>OR</u> Check	Box 34 d or 34 g w	as selected	. See Instructions.)	
a. I ELECT COVERAGE BASED ON FULL GRO (If I elected the Career Status Bonus under REDUX or I would have received had I NOT elected the Career S	a lump sum of retired	d pay under the Biended Re Sum.)	etirement System	n (Part II), fuil gross	pay is the	amount of retired pay	
b. I ELECT COVERAGE WITH A REDUCED BA (Spouse concurrence is required in Part V)							
C CSB /REDUX MEMBERS ONLY	-	my actual Reduced Ret sents a Reduced Base			Concurren	ce. (See Instructions)	
d. I ELECT COVERAGE BASED ON THE THRE (Spouse concurrence is required in Part V)							
DD FORM 2656, OCT 2018						Page 4 of 5	

EMBER NAME (Last, First, Adidate Initial) SSN					MEMBER NAME (Last, First, Middle Initial)							
PA	RT III - SURV	IVOR BENEFIT	PLAN				36. SPECIAL NEEDS TRUST (Check only if you intend to designate a special needs trust (SNT) as beneficiary for a childchildren designated in Item 32e. as disabled. You must elect either 34b., 34c., or 34f. to be eligible to designate an SNT. See DOI 1332.42 for procedures for designating an SNT.)					
ECTION IX - DEPENDENCY INFORMATION (This section	n must be completed	regardless of SBP Electio	on.)				I INTEND TO DESIGNATE AN SNT A					
. SPOUSE		•	,				(It is your responsibility to separately submit and the name and tax identification number if	a written statement of the decision	to have the annuity paid to the	SNT, an attorney's certifica	tion of that SN1	r,
NAME (Last, First, Middle Initial)			b.	SSN	c. DATE OF BI	RTH						
					(YYYYMMDD)		37. INSURABLE INTEREST BENEFICIARY (See Instructions prior to completing	g this section - DO NOT comple		E SPOUSE or I	FORMER SPOUSE)
D. DATE OF MARRIAGE (YYYYMMDD)		31. PLACE OF N	MARRIAGE	(See Instructions)			a. NAME (Last, First, Middle Initial)		b. SSN	c. DATE OF BIRTH (YYYYMMDD)	d. RELATIO	NSHIP
2. DEPENDENT CHILDREN				Add Row	Remove La	ast Row	e. STREET (Include apartment number)		f. CITY		a. STATE	h. ZIP CODE
Indicate which child or children resulted from marriage Add rows or continue on separate paper if necessary.	to a former spouse	by entering (FS) after	r relationship	in column d.								
a. NAME (Last, First, Middle Initial)	b. SSN	c. DATE OF BIRTH (YYYYMMDD)	d. RELA (Son, da	IONSHIP ighter, stepson, etc.)	e. DISAE	BLED?	i. TELEPHONE (Incl. area code)	j. EMAIL ADDRESS				
			Yes No		38. FORMER SPOUSE INFORMATION (Corr	plete only if you have a former spo	ouse)					
			Yes No		a. NAME (Last, First, Middle Initial)		b. SSN	c. DATE OF BIRTH	d. DATE OF	DIVORCE		
										(111111100)	(,
					 Yes 	No No	e. TELEPHONE (Incl. area code)	f. EMAIL ADDRESS				
ECTION X - SURVIVOR BENEFIT PLAN (SBP) ELECT	ION /You should co	nsult a Sundvor Benefit Pi	Nan counselor	efore making an election	1							
you make no election, maximum coverage will be establ	lished for your spou	use and/or eligible dep	endent child	en - ·				PART IV - (CERTIFICATION			
3. RESERVE COMPONENT ONLY (This section refers to In most cases you do	the decision you prev o not have the right to	lously made on the DD Fo make a new election on t	iorm 2656-5 wi this form)	en you were notified of ell	lgibility to retire,				CERTIFICATION			
Reserve/National Guard members who achieve 20 qua	alifying years of ser	vice make the election	to participat	in the Reserve Comp	onent (RC) SBP	on DD	SECTION XI - CERTIFICATION					
Form 2656-5 within 90 days of being notified of eligibili elected to defer coverage. You must indicate your pre-							39. MEMBER Under penalties of perjury, I certify that th	a number of withhelding even	stiens elsimed dees not ave	and the sumber is whi	h I am antitia	d and that all
Option B or Option C, DO NOT enter an election in Blo	ck 34. (Check only o	one in Block 33a. through	33c.)	· ,			statements on this form are made with ful	I knowledge of the penalties for	r making false statements (18 U.S.C. §287 and §1	001) provide 1	or a penalty of
OPTION A - Previously declined to make an electronic	ction until eligible	to receive retired pa	y (Proceed to	Block 34 to make election)		not more than \$10,000 fine, or 5 years in spouse's notarized concurrence signed n					
				-			automatically be covered at the maximum		gratare and prior to the dat	e or my rearement, our		
OPTION B - Previously elected coverage to beg							a. NAME (Last, First, Middle Initial)		b. SIGNATURE		c. DATE SIG	NED(YYYYMMDD)
OPTION C - Previously elected or defaulted to in NOTE: If you were married at the time you were notified you defaulted to full coverage under OPTION C	d of eligibility for non-r	equiar retirement and did	ike an election I not complete i	in Block 34, you have aire 3D Form 2656-5,	ady elected coverag	ge.)	40. WITNESS		Non and			
Marital status has changed since your initial elect												
Yes No If Yes, Attach Page with E							a. NAME (Last, First, Middle Initial) SMITH PATRICIA D		b. SIGNATURE		C. DATE SIG	NED(YYYYMMDD)
Add Attachment View Selected Attachment	Remove Selected	Attachment					d. UNIT OR ORGANIZATION ADDRESS (include coom pumberi	e. CITY/BASE OR POS	t .	f. STATE	g. ZIP CODE
4. SBP BENEFICIARY CATEGORIES (Check one only. S	ee Instructions and S	ection X.)					KYARNG-RSO 100 MINUTEMAN P		FRANKFORT	,	KY .	40601
a. I ELECT COVERAGE FOR SPOUSE ONLY /	have Dependent Ch	hild(ren) Yes	No				ATALIG-RSD TO METOTEMANT		TIGHNIORI			10001
b. I ELECT COVERAGE FOR SPOUSE AND CH	IILD(REN)											
c. I ELECT COVERAGE FOR CHILD(REN) ONLY	/ I have a Spouse	Yes No										
d. I ELECT COVERAGE FOR THE PERSON NA	MED IN BLOCK 3	7 WHO HAS AN INSU	IRABLE INT	EREST IN ME (See Inst	tructions)							
e. I ELECT COVERAGE FOR MY FORMER SPO												
Complete DD 2050-1, "Survivor Benefit Plan (SBP) El												
	a stable deserved											
5. SBP LEVEL OF COVERAGE (Check one only. Complete					elected See Instruct	tions 1						
a. I ELECT COVERAGE BASED ON FULL GROS		a opini o nao senerceo.	1100 <u>1211</u> Circl	n box of a an of g mas of	created. Get manual							
(If I elected the Career Status Bonus under REDUX or I would have received had I NOT elected the Career St	a lump sum of retired atus Bonus or Lump S	pay under the Blended Ri Sum.)	tetirement Syst	em (Part II), fuïl gross pay	is the amount of rel	tired pay						
b. I ELECT COVERAGE WITH A REDUCED BAS (Spouse concurrence is required in Part V)	SE AMOUNT OF \$											
C. CSB /REDUX MEMBERS ONLY	verage based on n	ny actual Reduced Ret	tired Pay Un	ler REDUX.								
Lunderst	and that this repres	sents a Reduced Base	Amount and	requires Spouse Conc	currence. (See Inst	tructions)						
d. I ELECT COVERAGE BASED ON THE THRES (Spouse concurrence is required in Part V)	SHOLD AMOUNT I	N EFFECT ON THE D	DATE OF RE	TIREMENT.								
) FORM 2656, OCT 2018	PREVIOUS ED	TION IS OBSOLETE.			Ра АЕМ Циесу	ige 4 of 5						
	. AL 1000 EDI				ream LifeCop	and and segments	DD FORM 2656, OCT 2018		TION IS OBSOLETE			Page 5 of 5

For Section XI you can have any witness you would like as long as they are not a named beneficiary.

MEMBER NAME (Last, First, Modie Initial) SSN						
36. SPECIAL NEEDS TRUST (Check only if you Intend to designate a special needs trust (SNT) as beneficiary for a child/children designated in item 32e, as disabled. You must elect either 34b, 34c, or 34f, to be eligible to designate an SNT. See DoDI 1332.42 for procedures for designating an SNT.)						
I INTEND TO DESIGNATE AN SNT AS (It is your responsibility to separately submit a and the name and tax identification number for	BENEFICIARY FOR THE CH written statement of the decision to	ILD OR CHILDREN DESI	GNATED AS DISABLE	ED IN BLOCK 32.		
37. INSURABLE INTEREST BENEFICIARY (S	ee instructions prior to completing	this section - DO NOT comple	ete if you have an ELIGIBL	E SPOUSE or FORMER SPOUSE)		
a. NAME (Last, First, Middle Initial)		b. SSN	c. DATE OF BIRTH (YYYYMMDD)	d. RELATIONSHIP		
e. STREET (Include apartment number)		f. CITY		g. STATE h. ZIP CODE		
i. TELEPHONE (Incl. area code)	j. EMAIL ADDRESS					
38. FORMER SPOUSE INFORMATION (Comp	l lete only if you have a former spor	ise)				
a. NAME (Last, First, Middle Initial)		b. SSN	c. DATE OF BIRTH (YYYYMMDD)	d. DATE OF DIVORCE		
e. TELEPHONE (Incl. area code)	f. EMAIL ADDRESS					
	Part IV – C	ERTIFICATION				
SECTION XI - CERTIFICATION						
39. MEMBER Under penalties of perjury, I certify that the						
statements on this form are made with full not more than \$10,000 fine, or 5 years in p spouse's notarized concurrence signed no automatically be covered at the maximum	rison, or both). Also, I underst earlier than the date of my sig	and that if I elected less that	an full SBP coverage fo	r my spouse, I will need my erwise, by law, I will		
a. NAME (Last, First, Middle Initial)		D. SIGNATURE		c. DATE SIGNED(YYYYMMDD)		
40. WITNESS		_				
a. NAME (Last, First, Middle Initial)		b. SIGNATURE		c. DATE SIGNED(YYYYMMDD)		
SMITH PATRICIA D d. UNIT OR ORGANIZATION ADDRESS (III		e. CITY/BASE OR POS	.	f. STATE g. ZIP CODE		
KYARNG-RSO 100 MINUTEMAN PR	,	FRANKFORT	•	KY • 40601		
	PART V - SPOUSE	SBP CONCURRE	NCE			
Required ONLY when the member is married SBP coverage. The date of the spouse's sign date of retirement listed in Part I, Section I, Bl	ature in Block 41c MUST NOT	be before the date of the				
SECTION XII - SBP SPOUSE CONCURREN	CE					
41. SPOUSE I hereby concur with the Survivor Benefit P effects of those options. I know that retired						
a. NAME (Last, First, Middle Initial)	pay stops on the day the reli	b. SIGNATURE	statement of my nee	c. DATE SIGNED(YYYYMMDD)		
42. NOTARY WITNESS						
On this day of	▼.20 ▼, before	me, the undersigned nota	ry public, personally			
appeared (Name of Spouse in Block 41a.)						
provided to me through satisfactory eviden	ce of identification, which were	•				
to be the person whose name is signed in b	block 41.a. of this document in	my presence.				
Signature of Notary	My Commis	ssion Expires		NOTARY SEAL		
DD FORM 2656. OCT 2018				Page 5 of 5		

For Section XII the only time Spouse Concurrence is required is if: you elected anything less than full SBP, elected child only SBP, or declined SBP Coverage.

36. SPECIAL NEEDS TRUST (Check only If you		de level (CAT) en hansfeland	a a abild tabildana da sima da		an disabled
You must elect e	u intend to designate a special nee lither 34b., 34c., or 34f. to be eligib.	ie to designate an SNT. See L	or a child/children designate DoDI 1332.42 for procedure	ed in item 32e. a s for designating	as disabled. g an SNT.)
I INTEND TO DESIGNATE AN SNT A	S BENEFICIARY FOR THE C	HILD OR CHILDREN DES	IGNATED AS DISABL	ED IN BLOCK	(32.
(It is your responsibility to separately submit and the name and tax identification number i	a written statement of the decision for the SNT	to have the annuity paid to the	SNT, an attorney's certific	ation of that SN	т,
37. INSURABLE INTEREST BENEFICIARY		g this section - DO NOT comp	lete If you have an ELIGIBI	LE SPOUSE or	FORMER SPOUS
a, NAME (Last, First, Middle (nittal)		b. SSN	c. DATE OF BIRTH	d. RELATIO	
a. Hrunc (case, r rat, (move most)		5. 33H	(YYYYMMDD)	U. RELEATIN	74311
e. STREET (Include apartment number)		f. CITY		g. STATE	h. ZIP CODE
				•	
i. TELEPHONE (Incl. area code)	j. EMAIL ADDRESS				
38. FORMER SPOUSE INFORMATION (Con	nplete only If you have a former spo	ouse)			
a. NAME (Last, First, Middle Initial)		b. SSN	c. DATE OF BIRTH (YYYYMMDD)	d. DATE O	F DIVORCE
e. TELEPHONE (Incl. area code)	f. EMAIL ADDRESS			_	
	DADTIN	CERTIFICATION			
	FART IV -	CENTIFICATION			
SECTION XI - CERTIFICATION					
39. MEMBER					
Under penalties of perjury, I certify that th statements on this form are made with ful not more than \$10,000 fine, or 5 years in spouse's notarized concurrence signed n automatically be covered at the maximum	Il knowledge of the penalties fo prison, or both). Also, I unders o earlier than the date of my si	, r making false statements tand that if I elected less th	(18 U.S.C. §287 and §1 nan full SBP coverage for	001) provide or my spouse,	for a penalty of I will need my
statements on this form are made with fu not more than \$10,000 fine, or 5 years in spouse's notarized concurrence signed n	Il knowledge of the penalties fo prison, or both). Also, I unders o earlier than the date of my si	, r making false statements tand that if I elected less th	(18 U.S.C. §287 and §1 nan full SBP coverage for	001) provide or my spouse, erwise, by law	for a penalty of I will need my /, I will
statements on this form are made with ful not more than \$10,000 fine, or 5 years in spouse's notarized concurrence signed n automatically be covered at the maximum	Il knowledge of the penalties fo prison, or both). Also, I unders o earlier than the date of my si	r making false statements tand that if I elected less th gnature and prior to the da	(18 U.S.C. §287 and §1 nan full SBP coverage for	001) provide or my spouse, erwise, by law	for a penalty of I will need my
statements on this form are made with ful not more than \$10,000 fine, or 5 years in spouse's notarized onocurrence signed n automatically be covered at the maximum a. NAME (Last, First, Middle Initial)	Il knowledge of the penalties fo prison, or both). Also, I unders o earlier than the date of my si	r making false statements tand that if I elected less th gnature and prior to the da	(18 U.S.C. §287 and §1 nan full SBP coverage for	001) provide : or my spouse, erwise, by law c. DATE SIG	for a penalty of I will need my v, I will SNED(YYYYMME
statements on this form are made with ful not more than \$10,000 fine, or 5 years in spouse's notarized concurrence signed n automatically be covered at the maximum a. NAME (<i>Last, First, Middle Initial</i>) 40. WITNESS	Il knowledge of the penalties fo prison, or both). Also, I unders o earlier than the date of my si	ir making false statements tand that if l elected less th gnature and prior to the da	(18 U.S.C. §287 and §1 nan full SBP coverage for	001) provide : or my spouse, erwise, by law c. DATE SIG	for a penalty of I will need my v, I will SNED(YYYYMM
statements on this form are made with the not more than \$10.000 fine, or 5 years in spouse's notarized concurrence signed in automatically be covered at the maximum a. NAME (Last, First, Middle Initia) 40. WITNESS a. NAME (Last, First, Middle Initia)	Il knowledge of the penalties to prison, or both). Also, I unders o earlier than the date of my si spouse coverage.	ir making false statements tand that if l elected less th gnature and prior to the da	(18 U.S.C. §287 and §1 nan full SBP coverage fo te of my retirement; oth	001) provide : or my spouse, erwise, by law c. DATE SIG	for a penalty of I will need my v, I will SNED(YYYYMME
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Once you have filled out all 3 forms, you will need to add supporting documents. Below are some of the required documents. If you deployed after 2008 you could be eligible for Reduced Age Retirement which means for each 90 day aggregated increment deployed, within a Fiscal Year, 90 days will be taken away from the RPED date. With that being said your Tricare Coverage only starts at age 60.

CHECKLIST TO APPLY FOR RETIRED PAY

I	1	DD 2656 (DATA for PAYMENT of RETIRED PERSONNEL)
I	1	DD 108 (APPLICATION for RETIRED PAY)
[1	NGB 23B (RETIREMENT POINTS HISTORY STATEMENT)
I	1	20 YEAR LETTER / NOTICE OF ELIGIBILITY (NOE)
I	1	DD 1883 or DD 2656-5 (RC-SBP ELECTIONS)
[1	SEPARATION ORDER (TRANSFER TO RETIRED RESERVE)
[1	PROMOTION ORDER (APPLYING AT HIGHER RANK HELD)
I	1	FMS 2231 (DIRECT DEPOSIT SIGN UP FORM)
1	1	ANY ELECTION CHANGE CERTIFICATES
		IF APPLICABLE
I	1	DIVORCE DECREE
I	1	MARRIAGE CERTIFICATE
[1	BIRTH CERTIFICATE
[1	DEATH CERTIFICATE
I		AGE WAIVER
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