

WORKSHEET FOR RETIRED PAY & SURVIVOR BENEFIT PLAN

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Information on this worksheet is used to establish retired pay account. The SBP counselor will use this worksheet to prepare the DD FM 2656. Retirees must, regardless of marital status, be briefed on the SBP and complete this form at least 60 days prior to the established retirement date. If married, the spouse must concur with an election to decline, reduce coverage or elect child only SBP coverage. If no election is made before your retirement date then maximum spouse coverage will automatically be established even for single members.

NAME:		RANK:
(Last, First, Middle Initial, Suffix)		
SSAN:	DATE OF BIRTH:	
	YYYY/MM/DD	
APPROVED RETIREMENT DATE:		
(SBP counseling must be completed at least 60 days prior to out-processing and/or terminal Leave Please return this completed worksheet as soon as possible but NLT 3 days after receipt. THANKS)		
FUTURE MAILING ADDRESS:		
Duty Phone:	Cell Phone:	Home Phone:
Personal Email:	Spouse Email:	
ACTIVE DUTY ONLY - Check here if you want to continue using financial information currently on file, otherwise fill out items below.		
DIRECT DEPOSIT INFORMATION (Complete is you wish your retirement pay to go to a different account)		
ACCOUNT TYPE:	CHECKING	SAVING
ACCOUNT NUMBER:	ROUTING NUMBER:	
FINANCIAL INSTITUTION (IF SAME AS ACTIVE DUTY PLEASE PUT SAME AS ACTIVE DUTY)		
NAME:	STREET ADDRESS:	
CITY:	STATE:	ZIP CODE:
BENEFICIARY FOR UNPAID RETIRED PAY: This is who will receive your final retirement check after your death. <u>Check this box</u> If you want to designate your spouse as 100% beneficiary of any unpaid retired pay upon your death or complete below section. Please indicate below Last Name, First, MI, SSN, Address, Relationship and Percentage of share for each beneficiary.		
1:		
2:		
3:		

FEDERAL INCOME TAX WITHHOLDING INFORMATION

MARITAL STATUS (select one)	Single	Married	Married But Withhold At Higher Single Rate
TOTAL # OF EXEMPTIONS CLAIMED:		ADDITIONAL WITHHOLDING IN DOLLARS (Optional):	
Any Previous Marriage: YES NO		I am court ordered, entered an agreement, or voluntarily want to start SBP for former spouse: YES NO	
VOLUNTARY STATE TAX WITHHOLDING INFORMATION			
State withholding is voluntary. If you do not desire state tax to be withheld, leave items blank. For more information on taxes by state visit: https://us.icalculator.info/tax-calculator/annual.html			
STATE DESIGNATED TO RECEIVE TAX:		MONTHLY AMOUNT: (Whole dollar amount not less than \$10.00)	
SPOUSE AND CHILDREN INFORMATION			
SPOUSE:		SSAN:	
(Last Name, First, Middle Initial)		Date of Birth:	
Date of Marriage:		Place of Marriage:	
		City & State or Province & Country if outside U.S.	
CHILDREN INFORMATION: List all dependents up to age 18 or 22 if full time student & single. Indicate which children resulted from marriage to a former spouse by entering (FS) after relationship. Indicate whether the child(ren) are disabled. If disabled, bring proof of the disability to the one-on-one appointment. Notify the SBP Counselor if you want to start a Special Needs Trust (SNT) for the disabled child. Additional documentation are required for the SNT.			
Include Last Name, First, MI, SSAN, Date of Birth, Relationship (Son, daughter, stepson, etc.). If any child(ren) resulted from marriages to Former Spouses (FS), Check FS box			FS Disabled
CHILD 1:			YES NO
CHILD 2:			YES NO
CHILD 3:			YES NO
CHILD 4:			YES NO
CHILD 5:			YES NO
CHILD 6:			YES NO
CHILD 7:			YES NO
SEPARATION PAYMENT INFORMATION – Check One or “None” if you never received any Separation Pay			
None	Severance Pay	Readjustment Pay	Separation Pay
Voluntary Separation Incentive		Special Separation Bonus	Other
Gross Amount:		If any payment type was selected, attach a COPY OF THE	
ORDERS which authorized the payment and a COPY OF THE DD FM 214			
Check here if you elected CSB/REDUX upon completion of 15 years of service:			