

DEPARTMENT OF HOMELAND SECURITY
U.S. Coast Guard

**APPLICATION FOR ANNUITY UNDER THE SURVIVOR BENEFIT PLAN (SBP),
RESERVE COMPONENT SURVIVOR BENEFIT PLAN (RCSBP),
RETIRED SERVICEMAN'S FAMILY PROTECTION PLAN (RSFPP) and/or
FINAL RETIRED PAY DUE**

PRIVACY ACT STATEMENT

Any "collection of information" as defined in the Paperwork Reduction Act of 1995 (codified at 44 U.S.C. 3501 et seq) on this form has not been approved by the Director of the Office of Management and Budget (OMB) and does not display a valid control number assigned by the Director. Therefore, no person shall be subject to any penalty for failing to comply with any such collection of information.

Authority: Collection of this information is authorized by: 10 U.S.C. Chapters 73 and 165; DOD Financial Management Regulation, Volume 7B, Chapters 30, 37, 49, and 54; and E.O. 9397.

Purpose: The Coast Guard Pay & Personnel Center will use this information to verify eligibility of a surviving spouse, dependent child, former spouse, or natural person with an insurable interest for an annuity under the Survivor Benefit Plan (SBP) and/or Retired Servicemans Family Protection Plan (RSFPP). The information will also be used to verify eligibility for final retired pay arrears due a deceased Coast Guard, PHS, or NOAA member.

Routine Uses: The information will be used by the Coast Guard Pay & Personnel Center to establish a survivor annuity account. The information may be shared with the Internal Revenue Service for tax purposes, and with the Department of Veterans Affairs in conjunction with administration of DVA compensation.

Disclosure: Disclosure of this information (including your SSN) is voluntary; however, failure to furnish the requested information will delay payment of annuities and final pay arrears.

PART – INFORMATION ABOUT THE DECEASED MEMBER

1. Name (<i>Last, First, Middle Initial</i>)	2. Employee ID Number	3. Date of Death
--	-----------------------	------------------

PART B – SURVIVING SPOUSE/FORMER SPOUSE, INSURABLE INTEREST INFORMATION

4. Name (<i>Last, First, Middle Initial</i>)	5. Social Security Number	6. Date of Birth
--	---------------------------	------------------

7. Area Code and Telephone Number	8. Correspondence Mailing Address (<i>including zip/postal code</i>)	9. What is your country of citizenship?
-----------------------------------	--	---

10. Were you legally married to the deceased at the time of death?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

10a. <i>If yes, provide</i> , Place of Marriage:	10b. Date of Marriage:
--	------------------------

11. If former spouse, have you remarried? (<i>If yes, provide place and date of remarriage</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------

11a. Place of Remarriage:	11b. Date of Remarriage:
---------------------------	--------------------------

12. Are you receiving a survivor annuity on behalf of any other deceased military member? (<i>If yes, provide deceased member's name, social security number, branch of service and monthly amount below</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

12a. Name of Deceased Member	12b. Social Security Number	12c. Branch of Service	12d. Amount
------------------------------	-----------------------------	------------------------	-------------

PART C – ELIGIBLE CHILDREN OF THE DECEASED UNDER THE AGE OF 23 OR INCAPABLE OF SELF-SUPPORT

13a. Name	13f. Name, Address, Relationship and Telephone Number of Custodian		
13b. Social Security Number			

13d. Marital Status	13e. Full-Time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship	Telephone
---------------------	---	--------------	-----------

14a. Name	14f. Name, Address, Relationship and Telephone Number of Custodian		
14b. Social Security Number			

14d. Marital Status	14e. Full-Time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship	Telephone
---------------------	---	--------------	-----------

15a. Name	15f. Name, Address, Relationship and Telephone Number of Custodian		
15b. Social Security Number			

15d. Marital Status	15e. Full-Time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship	Telephone
---------------------	---	--------------	-----------

PART D – GUARDIAN INFORMATION

16. Has a guardian been appointed by a court for any of the named survivors in Part B or C? <i>If yes, provide a copy of the court order.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

PART E – DIRECT DEPOSIT INFORMATION

17a. Continue direct deposit to the same account used for member's retired pay. *(Continue to Part F)*

17b. Direct deposit account shown below. *(Complete blocks 18 through 19b or attach a blank voided check)*

18. Type of Account: Checking Savings

19a. Routing Transit Number:

--	--	--	--	--	--	--	--	--	--

 Check Digit

19b. Account Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

PART F – FEDERAL INCOME TAX WITHHOLDING INFORMATION

20. I do not want any federal tax withheld from my annuity. *(Continue to Part G)*

21. Marital Status *(check one)*: Single, Married or Married but withhold at higher single rate

22. Total No. of Exemptions Claimed: _____	23. Additional Withholding <i>(optional)</i> : \$ _____
--	---

PART G – AFFIDAVIT AND SIGNATURE

24. I certify that all statements on this claim are true to the best of my knowledge, information, and belief. I certify that no evidence to the settlement of this claim has been suppressed or withheld. I understand that any false statement on this claim, or any misrepresentation relative thereto, is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 10 years or both (32 Stat. 197; 18 U.S.C. 10).

I understand under the law, I cannot receive both a CG, PHS, or NOAA Annuity and Dependency & Indemnity Compensation (DIC) in full amounts from the same retiree. I am only entitled to the amount of the CG, PHS, or NOAA annuity that exceeds the DIC spouse payment. If any overpayments of CG, PHS, or NOAA benefits occur, I authorize the Department of Veteran Affairs to repay the Coast Guard, PHS, or NOAA the Amount of the overpayment from the DIC payments to which I may become entitled.

24a. Date	24b. Signature of Applicant
-----------	-----------------------------

WITNESSES REQUIRED ONLY IF SIGNATURE OF APPLICANT IS MADE BY "X" MARK ABOVE.

An annuitant whose application is signed with an "X" must be witnessed (by two disinterested persons) or notarized or countersigned by the person holding power of attorney. A copy of the power of attorney and explanation why the annuitant required assistance must also be submitted

25. <i>(PRINT)</i> Witness Name <i>(Last, First, MI)</i>	25a. Witness Signature	
25b. Witness Address <i>(Street, City, State and Zip Code)</i>	25c. Witness Telephone Number	25d. Date
26. <i>(PRINT)</i> Witness Name <i>(Last, First, MI)</i>	26a. Witness Signature	
26b. Witness Address <i>(Street, City, State and Zip Code)</i>	26c. Witness Telephone Number	26d. Date