

Department of Homeland Security U. S. Coast Guard CG PPC-4700 (Rev. 02/09)	<h2 style="margin: 0;">COAST GUARD & NOAA RETIRED PAY ACCOUNT WORKSHEET AND SURVIVOR BENEFIT PLAN ELECTION</h2>
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Privacy Act Statement: This information is collected under 5 USC section 552a(e)(3), Public Law 92-425, 21 Sep 72: EO 9397. Information will be used to establish retired pay account and to enroll in the Survivor Benefit Plan. The information transmitted in this form is necessary and must be completed to establish the retired pay account.

- Purpose:**
- Provide an address for correspondence with Coast Guard Personnel Service Center
 - Designate your direct deposit account
 - Specify number of exemptions and marital status for Federal income tax withholding
 - Designate State and withholding amount for Voluntary State Tax withholding
 - Designate beneficiaries for unpaid retired pay.
 - Certify eligibility and entitlement to retired pay
 - Enroll in the Survivor Benefit Plan

Section I: IDENTIFICATION AND ADDRESS (complete all sections, if not applicable enter N/A)

1A. ENTER YOUR APPROVED RETIREMENT DATE	1b. Retiring from the following Service (select one): <input type="checkbox"/> NOAA <input type="checkbox"/> Coast Guard Active Duty <input type="checkbox"/> Coast Guard Reserve	
1c. Name (Last, First, MI.)	2. Rank/Pay Grade	3. Employee ID Number (EMPLID):
4. Date of Birth	5. Correspondence Address, Street, City, State and Zip Code	6. Area Code & Telephone Number Work: Home: Cell/Other:

6a. Please provide your Home & Business (if applicable) email addresses if you would you like PPC (RAS) to contact you via e-mail in case telephone contact cannot be established:
 (H) _____ (B) _____

Section II: PAY DELIVERY (See instructions for proper completion and don't forget to attach a voided check to your application.)
Public Law 103-356 makes direct deposit mandatory

7a. Continue direct deposit to the same account used for your active duty/reserve pay (**attach current copy of LES**).

7b. Direct deposit account shown below.

8. Type of Account: Checking Savings

9a. Routing Transit Number (RTN) Check Digit

9b. Account Number

10. Financial Institution Name _____

11. Address-City, State, and ZIP Code _____

Section III: TAX WITHHOLDING INFORMATION (use instructions for IRS Form W-4 and State Tax form to complete)

FEDERAL WITHHOLDING		VOLUNTARY STATE WITHHOLDING	
12. Marital Status (check one): <input type="checkbox"/> Single, <input type="checkbox"/> Married or <input type="checkbox"/> Married but withhold at higher single rate		16. State designated to receive tax	
13. Total No. of Exemptions Claimed		17. Requested Monthly Amount for State Tax (Whole dollar amount but not less \$10.00)	\$
14. Additional Withholding (optional)	\$	Note: The State you designate to receive tax must have an agreement with the Department of Defense for withholding state tax. A listing of states that have agreements for withholding is included with the instructions for this form.	
15. "I claim exemption from withholding" Enter "EXEMPT". If you claim EXEMPT status, you must attach current year IRS form W-4.		This election will remain in effect until changed by you.	

Section IV: DESIGNATION OF BENEFICIARIES FOR UNPAID RETIRED PAY

I hereby designate the following beneficiary(ies) to receive retired pay due and payable at my death. I am aware that under the provisions of 10 U.S.C. 2771 and 4 CFR Part 34, this designation will remain in effect unless canceled or changed by me.

18a. Name (Last, First, Middle Initial)	18b. Relationship	18c. Address (City, State & ZIP Code)	18d. Telephone (Including Area Code)	18e. Share (Total must equal 100%)
1.				
Social Security Number				
2.				
Social Security Number				
3.				
Social Security Number				
4.				
Social Security Number				

Section V: CERTIFICATION DATA FOR PAYMENT OF RETIRED PERSONNEL (must be completed)

"I [] have [] have not been convicted of any offense involving the National Security (5 U.S.C. 8312).

"I [] have [] have not failed or refused to testify before a Federal Grand Jury, Court of the United States, courts-martial, or congressional committee in connection with any matter endangering the National Security, or defense of the United States or any relationship I have or have not had with a foreign government (5 U.S.C. 8314).

"I [] have [] have not knowingly or willfully remained outside of the United States or its territories or possessions to avoid prosecution (5 U.S.C. 8313).

"I [] have [] have not knowingly or willfully made a false, fictitious, or fraudulent statement or representation, or knowingly and willfully concealed a material fact in an employment application for a civilian or military office or position in or under the Legislative, Executive, or the Judicial branch of Government of the United States or the government of the District of Columbia(5 U.S.C. 8315).

"I [] am [] am not employed by any foreign government, company, educational institution, or other concern which is controlled in whole or in part by a foreign government nor have I made application for such employment and I have not negotiated for such employment. I understand that before I accept such employment I must obtain advance approval from Commandant (CG-1222) and the Department of State.

I [] am [] am not drawing a pension, retired pay, or disability compensation from the Department of Veterans Affairs (VA), Civil Service Commission, or other Government agency nor have I made application for such benefits.

If you are drawing a VA or civil service pension, retired pay, or disability compensation, or have made application therefore, please provide the name and address of the agency and the monthly amount received (if any) in the space below.

Monthly Amount	Name and Address (Street, City, State and ZIP) of Agency

Section VI: SURVIVOR BENEFIT PLAN (SBP) ELECTION (Complete all blocks)

19. Are you married? Yes No 20. Do you have dependent children? Yes No

21. **FOR Reserve Retiree Only** – Have you elected RCSBP (option B or C) prior to this date Yes No
 IF **YES**, ATTACH A COPY OF THE ELECTION FORM and skip to Section VIII
 IF **NO** or elected (option A), complete the remainder of Section VI & VII

22. **Beneficiary Category (ies)**
 a I elect coverage for spouse only. I do do not have dependent children.
 b I elect coverage for spouse and child(ren).
 c I elect coverage for child(ren) only. I do do not have a spouse.
 d I elect coverage for the person named in block 45 who has an insurable interest in me.
 e I elect coverage for the person named in block 39 who is my former spouse.
 f I elect coverage for the person named in block 39 who is my former spouse and dependent child(ren) of that marriage
 g I elect not to participate in SBP. (Blocks 24-27 must be completed even if no coverage elected)

23. Level of coverage (do not complete if **22d** or **22g** was elected above)
 a I did NOT elect the Career Status Bonus and REDUX. I elect SBP coverage as follows (choose one):
 I elect coverage based on full gross retired pay.
 I elect coverage with a reduced base amount of \$ _____ (\$300 minimum base amount).
 b I DID elect the Career Status Bonus and REDUX. I elect SBP coverage as follows (choose one):
 I elect coverage based on the amount of retired pay I would have received had I NOT elected the Career Status Bonus.
 I elect coverage based on my current gross retired pay.
 I understand this represents a reduced base amount and requires spousal concurrence.
 I elect coverage with a reduced base amount of \$ _____ (\$300 minimum base amount). This requires spousal concurrence.

24. Spouse Name (Last, First, MI.) 25. Spouse SSN 26. Spouse Date of Birth

27. Date of Marriage:

List your dependent child(ren) (Designate which children resulted from marriage to former spouse, if any)

28. Name (Last, First, Middle Initial.)	29. Relationship	30. Date of Birth	31. SSN	32. *Disabled Child
a.				<input type="checkbox"/> Yes <input type="checkbox"/> No
b.				<input type="checkbox"/> Yes <input type="checkbox"/> No
c.				<input type="checkbox"/> Yes <input type="checkbox"/> No
d.				<input type="checkbox"/> Yes <input type="checkbox"/> No

***BLOCK 32 NOTE: Disabled Child** – If yes, provide a current physician's statement dated within 90 days of the date of retirement describing the medical condition and whether it is temporary or permanent and why the condition is considered incapacitating (e.g. the dependent is unable to take care of basic activities of daily living).

Section VII: SBP SPOUSAL CONCURRENCE (Required when member is married and elects child(ren) only coverage, does not elect full spouse coverage, or declines coverage)

I hereby concur with the Survivor Benefit Plan election made by my spouse. I have received information that explains the options available and the effects of those options. I know that retired pay stops on the date the retiree dies. I have signed this statement of my free will.

33. Spouse Signature: _____ 38. NOTARY SEAL HERE

34. Subscribed and Sworn to before me in County _____ State _____

35. On Month _____ Day _____, 20 _____

36. My Commission expires the _____ day _____, 20 _____

37. Notary Public (Signature) _____

Former Spouse (Complete **ONLY** if 22e or 22f was elected above)

39. Name (Last, First, MI)	40. SSN	41. Address (Street, City, State and Zip Code)
42. Date of divorce/dissolution of marriage	43. Date of Birth	

44. a The election indicated above is being made pursuant to the requirements of court order Yes No
 b The election indicated above is being made pursuant to a written agreement I previously entered into voluntarily as part of or incident to a preceding of divorce, dissolution, or annulment Yes No
 c The written agreement has been incorporated in, or ratified or approved by a court order Yes No

Insurable Interest (Complete **ONLY** if 22d was elected above)

45. Name (Last, First, MI)	46. SSN	47. Address (Street, City, State and Zip Code):
48. Relationship	49. Date of Birth	

Section VIII: DECLARATION OF SERVICE

50. Date you first became a member of the Uniformed Services (see note below)	51. Date of current rank
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Note: Under the law, you "first became a member" of the Uniformed Services on the date first enlisted, inducted, or appointed. For non-prior service Academy cadets and OCS graduates, it is the date you took the oath of office for entrance into the Academy (for Academy cadets, this is not the date your creditable service for retirement begins) or OCS. For enlisted members who enlisted under the Delayed Entry Program (DEP), it is the date you signed up for the DEP.

52. PRIOR SERVICE BREAKDOWN (FOR COAST GUARD ACTIVE DUTY OR NOAA PERSONNEL ONLY)

FROM			TO			ARMED SERVICE
DAY	MONTH	YEAR	DAY	MONTH	YEAR	

IF ANY OF THE ABOVE SERVICE WAS IN A RESERVE COMPONENT:

DID YOU PERFORM RESERVE DRILLS? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of reserve retirement points earned (attach copies of points statements if available) _____
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53. Have you ever held a Rank/Rate higher than your current one? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what rank did you hold?	When did you hold this rank?
54. Have you ever received severance, separation or readjustment pay from a military service in connection with separation or release from active duty? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what amount did you receive?	When did you receive such payment?

Section IX: MEMBER'S CERTIFICATION (member and witness signature and date (must sign on same date) required for start of retired pay)

Under penalties of perjury, I certify that the number of withholding exemptions claimed does not exceed the number to which I am entitled, and that all statements on this form are made with full knowledge of the penalties for making false statements. (18 U.S.C. 287 and 1001 provide for a penalty of not more than \$10,000 fine, or 5 years in prison, or both). Also, I have been counseled that I can terminate SBP participation, with my spouse's written concurrence, within one year after the second anniversary of commencement of retirement pay. However, if I exercise my option to terminate SBP, future participation is barred.

55. Member' Name (last, first, middle initial)	56. Member's Employee ID Number:	
57. Member' Signature	58. Date	
59. Witness Name (Last, First, MI) (over 18 years old & not a member of your family)	60. Witness Signature	
61. Witness Address (Street, City, State and Zip Code)	62. Witness telephone number	63. Date