Department of Homeland Security U. S. Coast Guard CG PSC-3600 (Rev. 02/2008)

DESIGNATION OF BENEFICIARY FOR PAYMENT OF UNPAID RETIRED PAY

•							
Name (First, Middle, Last):				2	Grade/Rate:	3. Employee ID or Social	Security Number:
Under the provisions receive unpaid retire				FR Part 3	 34, you may d	esignate whomeve	er you wish to
I HEREBY designate I am aware that unde effect unless cancele	er the provisions	s of Section 2 by me.	2771, Title 10, U.S	. Code, a	nd 4 CFR Pai		on will remain in
		4. Designated	Beneficiary/Beneficiarie	s (See exam	ples on reverse)		
NAME (First, Middle Initial, L	.ast)/SSN	Relationship	Address (Including Zip (Including Area Code)	Code) And P	hone Number	Date Of Birth (DDMMMYYYY)	SHARE (Total Must Equal 100%)
a.							
Social Security Number:			_				
b.							
Social Security Number							
C.							
Social Security Number							
d.							
Social Security Number			-				
5. Date	6. Signature Of Retir	red Member			7. Signature Of V	Vitness	
O. Comment Address (In abodia	- 7:- C-d-) A-d Dh-a	a Niverban (la elv	dia a Area Cada) Of	0 444	Of Mitarasa (Inchis	dian Zin Cada) And Dhana	North and Institution
8. Current Address (Includin Retired Member	g Zip Code) And Phor	ie ivumber (inclu	ding Area Code) Or	9. Address Area Code		ling Zip Code) And Phone	Number (including
If none of the above is due and payable w					a beneficiary	at the time of your	death, pay that
(1) Surviving spous	e.			· .			
(2) Children and the(3) Father and moth	eir descendants,			vor.			
(4) Legal represent		,					

(5) Person entitled under the law of the domicile of the deceased member.

When doubt exists as to the person(s) properly entitled to payment, settlement will be made by the Defense Office of Hearings and Appeals (DOHA).

MAIL TO: COMMANDING OFFICER (RAS)
USCG PSC
444 SE QUINCY ST
TOPEKA KS 66683-3591

If any of your designated beneficiaries dies, or if you divorce, you must submit a new CGPSC-3600 form immediately.

EXAMPLES OF DESIGNATIONS

How to designate one beneficiary:

110 W to designate one				
NAME (First, Middle Initial, Last)	RELATIONSHIP	ADDRESS (Including ZIP Code)	DATE OF BIRTH	SHARE (Total must equal
		AND PHONE NUMBER (Including Area Code)		100%)
Jane L. Doe*	Sister	2808 Southern Ave. Williams IN 46728 785-339-3415	07JUL1965	100%
Social Security Number: 123-45-6789		700 000 0110		

How to designate MORE than one beneficiary:

NAME (First, Middle Initial, Last)	RELATIONSHIP	ADDRESS (Including ZIP Code) AND PHONE NUMBER (Including Area Code)	TELEPHONE (Including Area Code)	SHARE (Total must equal 100%)
Jane L. Doe**	Aunt	110 Prince St. Anniston NY 14607 785-339-3415	13JUL1950	25%
Social Security Number: 123-45-67	89	703 337 3 113		
Jenny P. Doe	Niece	230 Duke St. Anniston NY 14607 785-339-3415	20JUL1992	25%
Social Security Number: 123-45-67	89			
Janet F. Doe	Mother	2301 State St. Weaver OH 44405 785-339-3415	26JUL1949	50%
Social Security Number: 123-45-67	89	700 007 0 110		

How to designate a contingent beneficiary:

110 W to designate a contingent solicitetary				
NAME (First, Middle Initial, Last)	RELATIONSHIP	ADDRESS (Including ZIP Code)	DATE OF BIRTH	SHARE (Total must equal
		AND PHONE NUMBER (Including Area Code)		100%)
		244 S. Ann St.		
John R. Doe, if living	Father	Olney, GA 31204	07JUL1949	100%
Social Security Number: 123-45-6789	•	785-339-3415		
Otherwise to:		2808 Southern Ave.		
Jane L. Doe	Sister	Williams IN 46728	07JUL1965	100%
Social Security Number: 123-45-6789	•	785-339-3415		

- * **Do not** write name as J. L. Doe or as Mrs. John H. Doe.
- ** Be sure that the shares to be paid to the several beneficiaries add up to 100%.

PRIVACY ACT STATEMENT

In accordance with 5 USC 552a(e)(3), the following information is provided to you when supplying personal information to the U. S. Coast Guard.

- 1. **AUTHORITY** which authorized the solicitation of the information: 10 USC Section 2771.
- 2. PRINCIPAL PURPOSE(S) for which information is intended to be used: Used to designate a beneficiary for unpaid retired pay upon demise of retiree.
- 3. The **ROUTINE USES** which may be made of the information: Used to determine who receives last payment of unpaid retired pay after retiree's demise.
- 4. Whether or not <u>DISCLOSURE</u> of such information is mandatory or voluntary (required by law or optional) and the effects on the individual, if any, of not providing all or any part of the requested information: Disclosure of this information is voluntary, but without disclosure, an individual the retiree wanted as a beneficiary may not receive the final pay.