

Retired Allotment Authorization Form

SSN or Employee ID	Name (Last, First, MI)	Rank/Rate
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PURPOSE: Use this form to start, stop, or change an allotment and to report a change of address to an allotment or bond

Purpose of request:

	<input type="checkbox"/>	Start Allotment		<input type="checkbox"/>	Stop Allotment		<input type="checkbox"/>	Change Allotment		<input type="checkbox"/>	Change of Allotment Address		<input type="checkbox"/>	Savings Bond Request (See Reverse)
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Blanket Code (If known): Start Amount: Month of First Deduction: For payment dated:	Stop Amount: Month of Last Deduction:	(Applies to Stops & Changes) Enter allotment # from LES:
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ALLOTMENT TYPE Enter type of allotment from table on reverse of this form:

ELECTRONIC FUNDS TRANSFER (EFT) INFORMATION Complete if allotment is to be paid by EFT

Type of Account	<input type="checkbox"/>	Savings	<input type="checkbox"/>	Checking
Allotee Name				
(person/company who will receive allotment)				

Routing Transit Number (RTN)	Check Digit
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(can be obtained from the financial institution or found on the bottom of a check or deposit slip)

Account Number	
Account Title	(Account Holder's Name)
Financial Institution Name	

Bond Request: Fill out this portion to start, stop or change a bond. If you wish to change the amount, owner, co-owner, or beneficiary of an existing bond, you must stop the existing bond and start a new bond. (Note: Bonds less than \$100.00 face value are not authorized to be carried forward into retirement.) *See page 3 for more information.*

Purpose of request:	<input type="checkbox"/>	Start	<input type="checkbox"/>	Stop	<input type="checkbox"/>	Change of Address Same as retiree's mailing address?	<input type="checkbox"/>
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Bond Face Value Amount (circle one) \$100.00, \$200.00, \$500.00, or \$1000.00	Series:	<input type="checkbox"/>	"EE"	<input type="checkbox"/>	"T"
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Frequency of Bond Issuance (check one)	<input type="checkbox"/>	Monthly	<input type="checkbox"/>	Bi-Monthly	<input type="checkbox"/>	Tri-Annual
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Owner's Name:	SSN	
Co-Owner's Name:	SSN	
Beneficiary Name:	SSN	

Note: Member may only select a Co-Owner OR Beneficiary per bond.

Address Where You Want the Bond Sent

Street/Rural Route/P.O. Box:

City, State, 9-digit Zip Code:

Table of Rules

Code	Limit	Type	Use
B	<i>See Table of Rules (Savings Bonds) on page 3</i>		
S	One	Savings	Payable to any financial institution, other than a finance company, provided the institution is capable of receiving payment through Electronic Fund Transfer (EFT).
H	One	Mortgage	Payable for loans for the purchase of a home, mobile home or trailer used as a residence by the retiree.
N	One	NSLI	National Service Life Insurance premiums.
L	No Limit	Loan	Payable ONLY to Coast Guard Mutual Assistance or morale fund offices and the allotment MUST have a stop date.
T	No Limit	Indebtedness	Payable to IRS or other Government agency and MUST have a stop date.
D	No Limit	Dependent	Support of dependents, including a former spouse.
I	No Limit	Insurance	Payable to any insurance company for payments of insurance premiums for the life of the retiree or retiree and family.
I	One	VGLI	Payable to the Office of Servicemember's Group Life Insurance (OSGLI) for Veterans Group Life Insurance. This allotment cannot be started through PSC--it must be started through OSGLI, Newark, NJ, ☎1-800-419-1473
M	One	Insurance	Payable to the Navy Mutual Aid Association.
O	One	AAFES	Army Air Force Exchange Service DPP Program
X	No Limit	Dues	Payable to CPOA, CWOA, Academy Alumni Association, Coast Guard Foundation, Naval Aviation Museum Foundation, and CGHQ Mutual Assistance Campaign.

<p>Privacy Act Statement: In accordance with 5 USC Section 522a(e)(3), the following information is provided to you when supplying personal information to the U.S. Coast Guard: Authority - 10 USC Section 2771.</p> <p>Principal Purpose(s) - Used to indicate the type of allotment member requested.</p> <p>Routine Use(s) - Updating allotment information.</p> <p>Disclosure - Disclosure is voluntary. However, failure to provide this information may delay or impede processing of you allotment/bond request.</p>	Your Signature _____		Date: _____
	Your E-Mail Address (optional): _____		
	For PSC Use Only		
	Action Completed: _____	Date: _____	

FAX to PSC (RAS) at (785) 339-3770

You can also mail to:

**Commanding Officer (RAS)
U. S. Coast Guard Personnel Service Center
444 S E Quincy St.
Topeka, KS 66683-3591**

Retiree and Annuitant Customer Care:



1-800-PSC-USCG (772-8724)



psc-pf-ras@uscg.mil



<http://www.uscg.mil/hq/psc/ras.htm>

Table of Rules (Savings Bonds)

Code	Limit	Type	Use
B	No Limit	Bond (Series EE or I)	Payable to any person the retiree designates. Minimum face value denomination is \$100.
Frequency and Face Value of Series EE Bond:		Face Value of Bond	Actual Monthly Deduction
		<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$50.00 <input type="checkbox"/> \$25.00 <input type="checkbox"/> \$12.50
		<input type="checkbox"/> \$200.00	<input type="checkbox"/> \$100.00
		<input type="checkbox"/> \$500.00	<input type="checkbox"/> \$250.00 <input type="checkbox"/> \$125.00 <input type="checkbox"/> \$62.50
		<input type="checkbox"/> \$1000.00	<input type="checkbox"/> \$500.00
Frequency and Face Value of Series I Bond:		Face Value of Bond	You Will Receive a Bond
		<input type="checkbox"/> \$100.00	every month every 2 months every 4 months
		<input type="checkbox"/> \$200.00	every month every 2 months every 4 months
		<input type="checkbox"/> \$500.00	every month every 2 months every 4 months
		<input type="checkbox"/> \$1000.00	every month every 2 months every 4 months

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