

RESERVE RETIREMENT TRANSFER REQUEST

Section I - Completed by Member: Complete Blocks 1-14 & submit this form at least **90 days** prior to desired transfer date. *Please Print or Type*

1. Name (last, first, MI): _____	2. Employee ID: _____	3. Rank/Rate: _____								
4. Permanent Duty Station & OPFAC/Department ID: Unit: _____ OPFAC: _____ Department ID: _____	5. Current Home Address (Street, Apt #, City, State, Zip): _____ Address Change Requested? Yes <input type="checkbox"/> No <input type="checkbox"/>									
6. I Request Transfer To: <input type="checkbox"/> RET-2 (Retired Awaiting Pay at Age 60) Transfer is effective on the 1 st day of month requested. Effective Month/Year of Transfer: _____ <input type="checkbox"/> RET-1 (Retired with Pay) Transfer is effective on your 60 th birthday Note: No Drills or ADT will be authorized or approved after the above Effective Date of Transfer.	7. I plan to drill/have drilled on the following dates and status: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 50%;">Dates</th> <th style="width: 50%;">ADT-AT/ADSW-AC/etc</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>		Dates	ADT-AT/ADSW-AC/etc						
Dates	ADT-AT/ADSW-AC/etc									
8. Expiration of Enlistment date (if known): _____	9. Highest Paid Paygrade Held: _____									
10. Home Telephone Number: _____ Work Telephone Number: _____ Primary E-Mail Address: _____	If you HAVE NOT received your "20" year Satisfactory Service Letter, ensure you meet the requirements for retirement prescribed in Chapter 8-C-1 of the Reserve Policy Manual COMDTINST M1001.28									
11. <input type="checkbox"/> Yes, I Do wish to have a retirement ceremony (see Instructions for Block 11 on reverse) Date of Ceremony: _____ <input type="checkbox"/> No, I Do Not want a retirement ceremony	12. I Do <input type="checkbox"/> Do Not <input type="checkbox"/> have a spouse. My spouse's name on her/his certificate of appreciation should read: _____									
13. Member's Signature: _____	14. Date: _____									

Section II – Recommendation

<p>15. COMMAND RECOMMENDATION:</p> <p style="text-align: center;">Approved for transfer to RET-2 _____ RET-1 _____ Disapproved for transfer to RET-2 _____ RET-1 _____</p> <p>Reason: _____</p> <hr/> <p>Supervisor Signature (Include Name, Rank, Title) _____ Date _____</p> <p style="text-align: center;">_____ Unit POC Email Address for acknowledgement receipt of this form. PSC (RAS) will send acknowledgement receipt only if you supply an email address.</p>
<p>16. ISC (pf) _____ RECOMMENDATION:</p> <p style="text-align: center;">Approved for transfer to RET-2 _____ RET-1 _____ Disapproved for transfer to RET-2 _____ RET-1 _____</p> <p>Reason: _____</p> <hr/> <p>Signature (Include Name, Rank, Title) _____ Date _____</p>
<p>17. CGPC (rpm) RECOMMENDATION: (Officers & IRR only)</p> <p style="text-align: center;">Approved for transfer to RET-2 _____ RET-1 _____ Disapproved for transfer to RET-2 _____ RET-1 _____</p> <p>Reason: _____</p> <hr/> <p>Signature (Include Name, Rank, Title) _____ Date _____</p>

Instructions	
Item	Explanation
1.	Enter your Full Name: Last, first and middle Initial
2.	Enter your Employee ID Number
3.	Enter your rank or rate, i.e. LCDR, YN2, PSC, etc.
4.	Enter your Permanent Duty Station (include staff symbol), (i.e. STA Rockland, MSO Houston, MLC PAC (lc) & OPFAC/DEPARTMENT ID)
5.	Enter current Home Address: Street, Apt#, P.O. Box, City, State, Zip. Check box if you desire to have your LES address changed to address indicated in Block 5.
6.	Indicate what type of retirement transfer you are requesting and its effective month & year.
7.	Enter planned dates of drills or ADT you will complete prior to your effective retirement transfer date.
8.	Enter your current Expiration of Enlistment Date. If your EOE expires prior to date of requested transfer see your unit Admin Staff to extend EOE.
9.	Enter the highest paid paygrade held. (i.e., If your Rank is W2 and you were promoted from E8, enter E8 in this block.)
10.	Enter home and work phone numbers and your primary e-mail address
11.	Enter your desire for a retirement ceremony and its effective date. If yes, contact your unit Admin Staff to coordinate date, location, and details for your retirement ceremony.
12.	Enter spouse information for spouse certificate of appreciation.
13.	Sign the form.
14.	Date the form.
15.	Command Recommendation.
16.	ISC Recommendation. Distribution: Original form to PSC/RAS (ONLY if request is for SELRES Enlisted member. Otherwise forward original form to CGPC (rpm) for recommendation.) ISC (pf) - Copy Member's Unit – Copy
	CGPC (RPM) Recommendation (Officers & IRR only) Distribution: PSC/RAS - Original form ISC (pf) - Copy Member's Unit – Copy
PRIVACY ACT STATEMENT	
<p>In accordance with 5 USC Section 522a(3)(3), the following information is provided to you when supplying personal information to the U.S. Coast Guard: Authority - 10 USC Section 1771. Principal Purposes(s) - Used to indicate a member's retirement plans. Routine uses - Same. Disclosure - Disclosure of this information is voluntary, although without disclosure the member's career intentions may not be known which may cause document and pay processing problems.</p>	