

CLAIM FOR FINAL RETIRED PAY

1. Name, Rank, and Social Security Number of Deceased Retiree	2. Date of Retiree's Death	3. Date of Claim
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4. By signature below, 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 fine of not more than \$10,000 or imprisonment of not more than 10 years or both (32 Statute 197; 18 U.S.C. 10).

IF SUBMITTING THIS CLAIM AS A SURVIVING SPOUSE I certify that I was married to the deceased at the time of death. Such marriage had not been dissolved prior to his/her death.

IF SUBMITTING THIS CLAIM AS LEGAL REPRESENTATIVE/EXECUTOR/ADMINISTRATOR I certify that I have been duly appointed in this capacity and such appointment is still in full force and effect. A court certificate evidencing my appointment is attached.

IF SUBMITTING THIS CLAIM AS THE PERSON PAYING THE FUNERAL EXPENSES I have attached a copy of the funeral bill.

Name and Social Security Number	Age	Relationship to Deceased	Address and Telephone Number	Signature

An application 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 applicant required assistance must also be submitted.

Signature Of Witness	Signature Of Witness
Printed Name:	Printed Name:
Address:	Address:
Telephone Number:	Telephone Number:
Date:	Date:

PRIVACY ACT STATEMENT

1. AUTHORITY: 10 U.S.C. Section 2771.
2. PURPOSE/USE: To allow eligible claimants to apply for arrears of retired pay.
3. DISCLOSURE: Disclosure of this information is voluntary, but without disclosure, a beneficiary may not receive the final pay due the deceased retiree.