



ARMED FORCES RETIREMENT HOME

Name (Last, First, Middle Initial)

Social Security Number

Mail to: DFAS-CL/FR
P.O. Box 99191
Cleveland, OH.
44199-1126

Or FAX to:
1-800-469-6559

Blanket Code L-68

Amount to be deducted from retired pay each month: \$_____.

Signature

Date
