

INSTRUCTIONS FOR REQUESTING ALLOTMENTS OR WITHDRAWAL FROM READJUSTMENT ALLOWANCE**GENERAL INFORMATION**

This form is used to make payments from your readjustment allowance to third parties in the U.S. only. The primary purpose of your readjustment allowance is to ensure that you will have funds during your transition from Peace Corps service to school and/or employment. In keeping with this purpose, an allotment or withdrawal of funds from your readjustment allowance is not permitted except for purposes of family support, insurance premiums, loan repayments, income taxes and other continuing obligations payable to third parties which were incurred prior to Peace Corps training and service, or cases of unusual family or other emergencies involving third parties arising during service. Any allotment or withdrawal request or combination of requests totaling more than 50% of the monthly accrual or more than 50% of your readjustment allowance balance will be approved only in extenuating circumstances and require thorough justification. Such exceptional requests should be submitted to you Country Director for review and recommendations before they are forwarded to Peace Corps/Washington.

USING THIS FORM

This application form has been designed for computer processing. LEGIBILITY AND COMPLETENESS ARE MANDATORY. Failure to complete the application in a manner that allows for computer processing will require us to return it to you. To prevent delay, inconvenience and possible adverse financial consequences to you and your payee, please use care in completing the form. Use a typewriter if possible. Otherwise, print using BLOCK letters.

Section A REQUIRED INFORMATION: Your readjustment allowance account is maintained by your Social Security number. This number must be accurate. Likewise, your name must be entered accurately. Also enter your country of assignment and program number.

Section B ALLOTMENT: An allotment is a recurring monthly payment of a specified amount. Upon instruction the Treasury Department issues checks for the designated amount automatically month after month until instructed to stop. The allotment procedure cannot be used unless checks for identical amounts without enclosures are required on a monthly basis.

Allotments must run for a minimum of 5 consecutive monthly payments of at least \$15 each. These payments cannot be retroactive and are not to exceed \$100.00 per month unless exceptional approval has been granted. Allotments may be requested at any time during your Peace Corps Volunteer service except during the last six months of service. Allotments applied for during training will not begin until following your enrollment as a Volunteer. Therefore, if you are now a Trainee and have a monthly obligation you wish to meet upon enrollment with your readjustment allowance you may complete a separate application for the sum of each payment required during training. Complete Section C rather than Section B in such cases.

Allotment requests are processed once a month. All such requests received and approved by the 25th of each calendar month will begin on or about the 20th of the following month. If your allottee required payment prior to the 20th of the month, you should request in item 7 that your allotment begin the month prior to the month in which your first payment is due. Allotments applied for during training will not begin until the month following your enrollment as a Volunteer or 60 to 90 days following your enter-on-duty date. Please advise your allottee when to expect the first payment and how many checks to expect. All payments will be made by U.S. Treasury check.

Section C WITHDRAWALS: A withdrawal should be requested when a single payment is required or when multiple payments are requested on other than a monthly basis. A separate application must be completed for each withdrawal payment. For example, to pay quarterly insurance premiums, a separate form must be completed for each quarterly payment desired (i.e. four per year, eight for two years, etc.)

Withdrawals may be requested at any time during your Peace Corps Volunteer service except during the last three months of your service. However, approval of withdrawals requested early in your service will depend on whether you have a sufficient balance in your account in addition to the other criteria stated in the General Information above. Your readjustment allowance may be committed during training only to payment of required dental expenses and of personal articles insurance. Any additional withdrawals cannot in the aggregate exceed one-half of your accumulated readjustment allowance balance unless exceptional approval has been granted.

Withdrawals should be requested as far in advance of the payment date as possible. Applications are processed every ten days based on payment date requested. When specifying the date payable, spell out the month. This will eliminate the occasional confusion arising when only a numerical sequence is used for the date. (Example: 9-3-70 means 9th of March 1970 in many parts of the world, but it means September 3, 1970 in the U.S.)

Section D and E: Be specific in giving your explanation. Enough information must be provided to permit the approving officers to make a decision on your request based on the appropriate uses of your readjustment allowance as stated in the General Information above.

Your signature is required for processing. Also, please indicate the date and place where you completed this application.

Section F ADDRESS OF PAYEE: Please use care in printing or typing the payee's name and address. Your entries on the first three lines on this section must be confined to not more than 25 spaces each, to account number. If your account or policy does not have a number, specify "NONE" on the Acct./Policy no. line.

MISCELLANEOUS

When you have completed and signed your application, tear off the instruction sheet and forward the remainder to:

Peace Corps
OPBF/F/VSPS
Washington, DC 20526

After Payment has been made, a copy of your application will be returned to you through your Country Director. If your application is disapproved, you will be advised and a reason for the disapproval will be given.

NOTE: This form may also be used to cancel an existing allotment or to modify the allotment payee's name and/or address. To cancel an existing allotment, complete Sections A, E and F and indicated in Section D the nature of the change (e.g., address change only). Allotment cancellations or name/address modifications do not require your Country Director's approval and may be forwarded to PC/W at the above address.

PEACE CORPS APPLICATION TO ALLOT OR WITHDRAW READJUSTMENT ALLOWANCE

NOTE: PLEASE READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

A. REQUIRED INFORMATION		
1. SOCIAL SECURITY NO.	2. NAME (<i>Last, first, middle initial</i>) (Please print carefully)	3. Country _____ 4. Program Number _____

B. ALLOTMENT	C. WITHDRAWAL
<i>(MONTHLY PAYMENTS ONLY)</i>	<i>(NON-MONTHLY OR SINGLE PAYMENTS)</i>
5. AMOUNT OF MONTHLY PAYMENT \$ _____ (At least \$15.00) 6. NUMBER OF PAYMENTS (<i>At Least 5</i>) _____ (Note: If allotment is to run indefinitely or until your termination, write <u>99</u> in item 6 above) 7. FIRST ALLOTMENT PAYMENT DUE Mo. _____ Yr. _____	8. AMOUNT PAYABLE \$ _____ 9 DATE PAYABLE MONTH (<i>Spell out</i>) _____ Day ____ Yr. _____

D. DETAILED EXPLANATION FOR REQUEST
<p>(To be completed for all allotments and withdrawals) CHECK ONE: <input type="checkbox"/> CHANGE AMOUNT <input type="checkbox"/> CHANGE ADDRESS <input type="checkbox"/> NEW ALLOTMENT</p> <p style="text-align: center;">FOR ITEM B:</p>

E. SIGNATURE OF APPLICANT
<div style="display: flex; justify-content: space-between; border-top: 1px solid black; margin-top: 5px;"> PLACE (<i>Trng Site or Country of Service</i>) FULL SIGNATURE DATE </div>

F. ADDRESS OF PAYEE	(FOR PC/W USE ONLY)
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(Please condense each line of name and address to 25 spaces) (Please print carefully)

COMPLETE NAME _____

U.S. ADDRESS _____

CITY _____ STATE _____ ZIP Code _____

ACCT/POLICY NO. _____
(If applicable)

DATE REC'D _____

Mo. Day Yr.



APPROVED



DISAPPROVED

DATE (Mo.-Day-Yr.) APPROVING OFFICER _____