

REPORT OF EXISTENCE

MBR:
SSN:
ANNT:
SSN:

Annually, we require a Report of Existence (ROE) be COMPLETED, SIGNED and RETURNED to DFAS Retired and Annuitant Pay, PO Box 7131- Annuitant Pay, London, KY 40742-7131, so that we can release the annuitant’s payments. If you have any questions, call toll-free at 1-800-321-1080 or use our toll free FAX 1-800-982-8459.

I certify that I am the annuitant or the annuitant’s legal representative (custodian, trustee, guardian, legal fiduciary, or power of attorney) and the information given is correct. If I (the legal representative) have knowledge the annuitant is deceased I will promptly notify DFAS-CL at the above address. If this ROE is signed by a legal representative for the first time, a photocopy of the legal document must be attached.

Signature:	Date:
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Are you the legal representative? Please place an ‘X’ in the box below:

Yes

Has your address changed? Please place an ‘X’ in the box below:

Yes New Street Address _____
City, State, Zip Code _____

NOTE: Penalty for presenting false claims or making false statements in connection with claims: Fine of not more than \$10,000 on imprisonment for not more that 5 years, or both (18 USC 1001). **PRIVACY ACT STATEMENT:** AUTHORITY 37 USC, Chapter 11, EO 9397, Nov 1943. **PRINCIPAL PURPOSE:** This information is used to determine the continued eligibility of the annuitant for annuity payments. **ROUTINE USES:** Records from this system of records may be disclosed to the Department of Veterans Affairs (VA). **DISCLOSURE:** Disclosure is voluntary; however, failure to provide information will result in suspension of annuity payments.