

**Supplemental Instructions DD Form 2558
Authorization to Start, Stop or Change an Allotment**

When to use this form:

The DD Form 2558 is used when you need to start a new allotment to deduct from your retired pay account, or stop and/or make a change to an allotment that is currently deducting from your retired pay account.

To complete the DD Form 2558, please carefully read the instructions below and complete all information as requested. Please note an incomplete DD Form 2558 will delay the processing of the changes to your account. However, this form is not mandatory when starting, stopping, or changing an allotment. You may also submit an allotment request in writing. Please ensure all requests are signed and dated.

Instructions by Section

Forms that are not signed & dated will be returned to the requestor

Section		Instructions
1.	Branch of Service	Mark "X" next to the branch of service you retired from
2.	Name of Allotter	Retiree's full name
3.	SSN	Retiree's Social Security Number
4.	Pay Grade	N/A
5.	Address of Allotter	Retiree's correspondence address
6.	Daytime Telephone Number	Retiree's telephone number
7.	Effective Date	Date after which you would like the allotment to start/stop or change to be effective
8.	Monthly Amount of Allotment	Monthly amount of allotment to be started, stopped or changed
9.	Name of Allotter	Name of person, bank, insurance company to whom the allotment should be sent
10.	Allotment Action	Mark "X" in the appropriate block to start, stop or change an allotment
11.	Term in Months	N/A
12.	Credit Line (if applicable)	N/A
13.	Allotment Class Authorized	Mark "X" next to the type of allotment you would like to start, stop or change
14.	Allotter's Mailing Address	Street address where the allotment should be sent, if applicable
15.	If Foreign Address Complete as Follows	Applicable for foreign street addresses only
16.	Remarks	Any additional remarks necessary to process allotment request
17.	Company Code/Financial Institution/Routing Transit Number	Company Code: Three-digit blanket code (provided only by company or bank)
18.	Account Number/Policy Number	If bank account number, please mark "X" next to applicable account type

19.	Total Class L Amount	N/A
20.	Total Class T Amount	N/A
21.	Signature of Allotter	Signature of retiree
22.	Date	Date form completed and signed

Please return all documents to:

Defense Finance and Accounting Service
Retired and Annuitant Pay
P.O. Box 7130
London, KY 40742-7130

Please direct questions to the address above or call our customer service representatives at 800-321-1080.