

**Supplemental Instructions**  
**DD Form 2789 Waiver/Remission of Indebtedness Application**

**When to use this form:**

The DD Form 2789 is used if the retiree or retired pay annuitant is indebted to the United States government due to an overpayment and wishes to request a waiver of said indebtedness.

To complete the DD Form 2789, please follow the instructions below. Please note that an incomplete DD Form 2789 will delay the processing of the waiver consideration. Carefully read and complete all information as requested, and be sure to include any required documentation with your submission. If DFAS does not receive a valid DD Form 2789, the indebtedness will continue to be collected from the retired or annuity pay account.

**Instructions by Section**

1.	<b>Type of claim (X one)</b>	Always “Waiver”
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<b>Section I – Civilian/Military/Retiree/Annuitant Information</b>		
	<b>Section</b>	<b>Instructions</b>
2.	<b>Name</b>	Debtor’s name: Last, First, Middle Initial
3.	<b>Rank/Grade</b>	Retirees: Current rank/rate Annuitants: Not applicable (Mark N/A)
4.	<b>Social Security Number</b>	Debtor’s Social Security Number
5.	<b>Agency/Service</b>	Retirees: Mark branch of service Annuitants: Mark “Other” and specify Annuitant
6.	<b>Status</b>	Retirees: Mark “Retired” and provide date of retirement Annuitants: Mark “Annuitant”
7.	<b>Current Mailing Address</b>	Current mailing address
8.	<b>Place of Assignment or Employment</b>	Retirees: Not applicable (Mark N/A) Annuitants: Not applicable (Mark N/A)
9a.	<b>Work Telephone</b>	Work telephone number (if applicable)
9b.	<b>Home Telephone</b>	Home and/or Cell telephone number
9c.	<b>E-Mail Address</b>	E-Mail address (if applicable)
10.	<b>Type of Debt or Pay and Allowance Erroneously Paid</b>	Brief description of debt as stated in debt notification letter
11.	<b>Gross Debt Amount</b>	Gross debt amount provided on debt notification letter
12.	<b>State the date and how you first became aware of erroneous payment.</b>	Date debt notification letter (or other correspondence, if applicable) was received. <b>Attach copy of notification letter.</b>
13.	<b>If you were aware of debt or erroneous payment, explain the actions you took to correct the situation.</b>	Explain any actions taken to correct debt or prevent debt from occurring. If needed, explanation can continue on additional pages. <b>Any additional explanations and documentation showing your attempts should be submitted with completed form.</b>

14.	<b>Reason for requesting Waiver/Remission and why you feel it should be approved.</b>	Explain why you think your waiver request should be approved. <b>Submit any additional documentation with completed form.</b>
15.	<b>For annuitants, provide name, SSN, and date of deceased military member/sponsor.</b>	Retirees: Not Applicable (Mark N/A) Annuitants: State deceased spouse/sponsor's full name, SSN, and date of death.
16.	<b>Attach copies of all pertinent documents.</b>	<b>Attach any supporting documentation from parts #12 through 14</b>
17a.	<b>If Military or Civilian, did you receive Leave and Earning Statement(s)?</b>	Retirees and Annuitants: Not Applicable
17b.	<b>If Military or Civilian, did you request them on EMSS/MyPay?</b>	Retirees and Annuitants: Not Applicable
17c.	<b>If Retiree or Annuitant, did you receive an Account Statement?</b>	Retirees and Annuitants: Mark "Yes" if you received an Account Statement regarding the debt. Mark "No" if you did not receive an Account Statement regarding the debt. If "Yes", attach a copy of the statement covering before, during, and after notification.
17d.	<b>If Retiree or Annuitant, did you review them?</b>	Retirees and Annuitants: Mark "Yes" if you reviewed the Account Statement. Mark "No" if you did not review the Account Statement.
18.	<b>Have you filed for a Correction of Military Records?</b>	Retirees: Mark "Yes" if you have filed for a Correction to Military Record. Mark "No" if you have not filed for a Correction to Military Record. Annuitants: Not Applicable
19a.	<b>Signature</b>	Retirees and Annuitants: Sign form if you certify that your statements on this form are true and correct to the best of your knowledge. An unsigned form is considered invalid, cannot be processed and will be returned.
19b.	<b>Job Title/Career Field</b>	Retirees: Mark "Retired" Annuitants: Mark "Annuitant"
19c.	<b>Date Signed</b>	Retirees and Annuitants: Mark date form was completed and signed. An undated form is considered invalid, cannot be processed and will be returned.

**Parts 20 through 31 – Administrative Use Only**

**RETIREES:**

**Please return all documents to:**

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

**ANNUITANTS:**

**Please return all documents to:**

Defense Finance and Accounting Service  
Retired and Annuitant Pay  
P.O. Box 7130  
London, KY 40742-7131

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