

**APPLICATION FOR ANNUITY  
CERTAIN MILITARY SURVIVING SPOUSES**

*(Please type or print information in ink)*

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 10 U.S.C. Section 1448 note; DoD Financial Management Regulation, Volume 7B, Chapter 61; and E.O. 9397 (SSN).

**PRINCIPAL PURPOSE(S):** To be used by a qualified surviving spouse to apply for an annuity for certain military surviving spouses.

**ROUTINE USE(S):** None.

**DISCLOSURE:** Voluntary; however, failure to provide the requested information may result in denial of benefits.

**SECTION I - INFORMATION CONCERNING DECEASED MEMBER**

1. NAME OF DECEASED RETIREE <i>(Last, First, Middle)</i>	2. SOCIAL SECURITY NUMBER OR SERVICE NUMBER	3. DATE OF BIRTH <i>(YYYYMMDD)</i>
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**SECTION II - ELIGIBILITY**

Please answer the following questions to help determine your eligibility. Place an X to indicate the appropriate answer. Enter dates as YYYYMMDD. If you still wish to apply after completing this section, please complete Sections III through VI.

**4. DID THE DECEASED MEMBER DIE BEFORE MARCH 21, 1974, OR IN THE CASE OF A RESERVE MEMBER, DIE BEFORE OCTOBER 1,**

<input type="checkbox"/> YES Enter date of death:
<input type="checkbox"/> NO If you marked "NO", YOU ARE NOT ELIGIBLE.

**5. WAS THE MEMBER RETIRED, OR IN THE CASE OF A RESERVE MEMBER ELIGIBLE FOR RETIREMENT BY COMPLETING OVER 20 YEARS OF QUALIFYING SERVICE?**

<input type="checkbox"/> YES Enter date retired, or in the case of a reserve member, date of retirement eligibility:
<input type="checkbox"/> NO If you marked "NO", YOU ARE NOT ELIGIBLE.

**6. WERE YOU LEGALLY MARRIED TO THE DECEASED AT THE TIME OF DEATH?**

<input type="checkbox"/> YES Enter date of marriage:
<input type="checkbox"/> NO If you marked "NO", YOU ARE NOT ELIGIBLE.

**7. HAVE YOU EVER REMARRIED?**

<input type="checkbox"/> YES Enter date of remarriage <i>(See NOTE)</i> :
<input type="checkbox"/> NO <b>NOTE:</b> If you answered "YES" to Item 7, your eligibility for accruing <b>additional</b> benefits ended on the date you remarried. However, you are eligible for benefits from the date your spouse died through the day before you remarried. Failure to apply within six years of the date of remarriage will result in forfeiture of one day of benefits for each day of delay in submitting a claim.

**8a. ARE YOU RECEIVING ANY OTHER MILITARY SURVIVOR ANNUITY OF ANY KIND ON THE RECORD OF THIS OR ANY OTHER DECEASED RETIREE?**

<input type="checkbox"/> YES Enter monthly amount:
<input type="checkbox"/> NO

**b. TYPE OF BENEFIT:**

<input type="checkbox"/> SBP	If you are receiving <b>SBP</b> or <b>MIW</b> , YOU ARE <b>NOT ELIGIBLE</b> . If you are receiving <b>DIC</b> , any payment under this annuity will be reduced by the DIC amount.
<input type="checkbox"/> MIW	
<input type="checkbox"/> DIC	

**SECTION III - INFORMATION CONCERNING SURVIVING SPOUSE**

9. NAME <i>(Last, First, Middle Initial)</i>	10. SOCIAL SECURITY NUMBER	11. DATE OF BIRTH <i>(YYYYMMDD)</i>	12. CITIZEN OF WHAT COUNTRY?
13. ADDRESS <i>(Street, Apartment Number, City, State, ZIP Code)</i>			14. TELEPHONE NUMBER <i>(Include Area Code)</i>

**SECTION IV - ELECTRONIC FUNDS TRANSFER (EFT)**

Complete the following section to authorize Electronic Funds Transfer (EFT) if you are found qualified for benefits. Instead of completing this section you may attach a voided personal check to authorize EFT.

15. ROUTING TRANSIT NUMBER (RTN) <i>(9 digits)</i>	16. ACCOUNT NUMBER	CHECKING SAVINGS
17. NAME(S) OF ACCOUNT HOLDER(S)		
18. FINANCIAL INSTITUTION		
a. NAME		b. TELEPHONE NUMBER <i>(Include Area Code)</i>
c. ADDRESS <i>(Street, Suite Number, City, State, ZIP Code)</i>		

**SECTION V - LEGAL REPRESENTATIVE INFORMATION** *(Court Appointed Guardian, Representative Payee, or Power of Attorney)*

19. HAS A LEGAL REPRESENTATIVE BEEN APPOINTED FOR THE PURPOSE OF RECEIVING THIS ANNUITY ON YOUR BEHALF?

 YES  NO21a. NAME OF LEGAL REPRESENTATIVE *(Last, First, Middle Initial)*c. TELEPHONE NUMBER *(Include Area Code)*

20. IF A LEGAL REPRESENTATIVE HAS NOT BEEN APPOINTED WILL ONE BE APPOINTED?

 YES  NOb. ADDRESS OF LEGAL REPRESENTATIVE *(Street (or P.O. Box), Suite Number, City, State, ZIP Code)***SECTION VI - CERTIFICATION AND SIGNATURE** *(Must be signed)*

22a. APPLICANT/LEGAL REPRESENTATIVE'S SIGNATURE

b. DATE *(YYYYMMDD)*

23a. FIRST WITNESS OR NOTARY SIGNATURE

b. DATE *(YYYYMMDD)*c. ADDRESS OF FIRST WITNESS *(Include ZIP Code)*

24a. SECOND WITNESS SIGNATURE

b. DATE *(YYYYMMDD)*c. ADDRESS OF SECOND WITNESS *(Include ZIP Code)***TRUTHFULNESS STATEMENT**

All statements made in this application must be true to the best of your knowledge. No evidence necessary for settlement of the claim or establishment of the annuity should be suppressed or withheld. *(U.S. Code, Title 18, Sec. 287, 1001, provides that an individual shall be fined under this title or imprisoned not more than 5 years, or both.)*

**WHERE TO REQUEST INFORMATION AND SEND YOUR APPLICATION**

The following documents are needed to determine your eligibility. Please include them with your application.

- (1) A copy of a retirement order or copy of Notice of Retirement Eligibility or other official service document showing deceased member's retired status;
- (2) A copy of the deceased retiree's final DD Form 214 (Certificate of Discharge);
- (3) A certified true copy of the deceased retired member's death certificate; and
- (4) A certified true copy of your certificate of marriage to the deceased retired member.

Upon completion of this form, send it to the office listed below for the Service of the deceased member.

- U.S. ARMY - Army Retirement Services Office, Taylor Bldg., RM 6058C, 2530 Crystal Drive, Arlington, VA 22202-3941
- U.S. NAVY - Office of the Chief of Naval Operations (OPNAV N135C), 5720 Integrity Dr., Millington, TN 38055-6220
- U.S. AIR FORCE - HQ AFPC/DPSIAR, 550 C Street West, Suite 8, Randolph AFB, TX 78150-4713.
- U.S. MARINE CORPS - Retired Services Section, Separation and Retirement Branch, 3280 Russell Road, Quantico, VA 22134-5103.
- U.S. COAST GUARD and NOAA - Commanding Officer (RAS), USCG Pay and Personnel Center, 444 S.E. Quincy Street, Topeka, KS 66683-3591.
- U.S. PUBLIC HEALTH SERVICE - Compensation Branch, 5600 Fishers Lane, Room 4-50, Rockville, MD 20857.

If you have questions or need help completing this application, please contact the office of the appropriate Service above or for deceased Army personnel contact the Retirement Services Office at your nearest Army installation.

**SERVICE CERTIFICATION - FOR OFFICE USE ONLY**

I certify that the above applicant is qualified for benefits under the Annuity for Certain Military Surviving Spouses and authorize payment.

25a. PRINTED NAME OF AUTHORIZING OFFICIAL  
*(Last, First, Middle Initial)*

b. TITLE

c. SERVICE

d. TELEPHONE NUMBER  
*(Include Area Code)*

e. SIGNATURE

f. DATE *(YYYYMMDD)*