

DEPARTMENT OF DEFENSE

DEFENSE FINANCE AND ACCOUNTING SERVICE
CLEVELAND CENTER (CODE FR)
PO BOX 99191
CLEVELAND OH 44199-1126

OFFICIAL BUSINESS

REPORT OF EXISTENCE

Please PRINT requested information.

FULL NAME OF RETIREE (LAST, FIRST, MI)

SOCIAL SECURITY NUMBER

RECIPIENT'S NAME (IF DIFFERENT THAN ABOVE)

NUMBER, STREET, RFD, APT. NUMBER

CITY, STATE, ZIP CODE (IF FOREIGN ADDRESS; CITY, POSTAL CODE, COUNTRY)

REMARKS

This report states that my ward, whose name appears above is available and eligible to receive the retired/retainer pay.

SIGNATURE OF GUARDIAN, TRUSTEE, CONSERVATOR, OR OTHER

DATE