

DEFENSE FINANCE AND ACCOUNTING SERVICE Retired and Annuitant Pay DFAS CL / RPA London, KY 40742-7131

CERTIFICATE TO ESTABLISH IDENTITY OF ANNUITANT

in possession of this form. I am satisfied that the person who appeared before me is:	
Print Annuitant Name and SSN	
Current Mailing Address of Annuitant	
Certifying Officer:	
Print Name & Title	
Organization:	Phone:
Name & Mailing Address	
X Date Signature of Certifying Officer	ate:
X Dignature of Annuitant	Oate:
PRIVACY ACT STATEMENT	
AUTHORITY: 10 USC, Chapters: 61, 63, 65, 57, 69 and 71; E.O. 9397,	November 1943.
PRINCIPAL PURPOSE: To obtain positive identification of annuitant ar	nd his/her mailing address.
ROUTINE USES: DFAS-CL/RPA, Retired Pay Annuity Branch, uses the Defense Finance retired pay system of records and is subject to all of the	
DISCLOSURE IS VOLUNTARY. Information must be provided before annuity due can be disbursed.	
Notice to Certifying Officer: Please complete and mail this certificat	e directly to:

DFAS-CL/RPA U.S. MILITARY ANNUITANT PAY P.O. BOX 7131 LONDON, KY 40742-7131