

**Supplemental Instructions
DFAS R&A Pay**

**Form DD2656-7
Verification for Survivor Annuity**

When to use this form:

This form is used to establish the Survivor Benefit Plan after the passing of the retiree.

To complete the Verification for Survivor Annuity (DD2656-7), please follow the instructions below. Carefully read and complete all information as requested, and be sure to include any required documentation with your submission.

Instructions by Section

Section	Instruction	Reminder or Tip
1	Complete boxes a through f using the deceased member's information.	
2	Complete boxes a through i using the claimant's information. Box i should contain the address that all correspondence will be mailed.	The claimant is the person who is entitled to receive the annuity.
3	<p>If the applicant was married to the deceased member on the date of death, check "YES" in box 3a and enter the date of marriage in box 1 below. If the applicant was not married to the deceased member on the date of death, check "NO" in box 3a and enter the date of divorce in box 2 below.</p> <p>If the member had children under the age of 23, check "YES" in box 3b and provide the names, social security numbers, and dates of birth for all children under the age of 23 in the space provided. If the member did not have children under the age of 23, check "NO" in box 3b.</p> <p>If the claimant is receiving any other annuity from DFAS based on the military record of another deceased military person, (<i>i.e. survivor benefits from a previous marriage</i>) check "YES" in box 3c and provide the information of that member in space provided (<i>Name of Deceased Retiree, SSN, Coverage Type and Monthly Benefit Amount</i>). If not, check "NO" in box 3c.</p>	This section applies only to spouse applicants.
4	Check the appropriate boxes for each question.	This section applies only to child applicants
5	Enter the date of divorce in box 5a. If applicable, fill in the date of remarriage to the member in box 5b.	This section applies only to former spouse applicants

Section	Instruction	Reminder or Tip
6	If the applicant intends to apply for DIC, check "YES" in box 6a and fill in the requested information. If the applicant does not intend to apply for DIC, check "NO" in box 6a.	This section is for spouse applicants who intend to apply for Dependency and Indemnity Compensation (DIC) from the VA.
7	The form must be signed and dated by the applicant or the applicant's custodial natural parent, legal representative, guardian, or custodian to be processed.	This section is for all applicants. Be sure all information is accurate before signing.

Required Documentation

This form requires the following accompanying documentation for processing:

__ Certificate of Death: Required within 60 days of establishing the Annuity. Please submit a copy of the Certificate of Death (**including cause and manner of death**). Please **do not send the original death certificate**, we are unable to return original documents. We request that you send a legible photocopy.

Optional documentation

__ IRS Form W4P: to have taxes withheld from annuity.

__ FMS 2231 Fast Start Direct Deposit Form: to have money directly deposited to your bank account rather than a hard copy check being mailed.

Additional documentation may be needed, depending on the claimant.

__ Citizenship Affidavit – Include if the claimant does not live in the US and is anyone other than the member's child

__ Custodianship - if the claimant is a minor this form must be signed by the parent/guardian.

__ POA or Guardianship – if someone else signs on behalf of the claimant supporting documentation is needed

Submission and Questions

Please return all documents by mail or fax to:

Defense Finance and Accounting Service

Retired and Annuitant Pay

P.O. Box 7131

London, KY 40742-7131

Fax: 1 (800) 982-8459

Please direct questions to the address above or call our customer service representatives at 1 (800) 321-1080, between 8:00 a.m. and 5:00 p.m. Eastern Standard Time, Monday through Friday.