

CERTIFICATE OF ELIGIBILITY FOR RETIRED MEMBERS

(Please read Privacy Act Statement on back before completing this form.)

Complete this form and return it in the enclosed envelope. Address any comments or questions to Defense Finance and Accounting Service, US Military Retirement Pay, PO Box 7130, London, KY 40742-7130. Reply must be received within 30 days to ensure continued receipt of your retired pay. This form must be notarized.

1. RETIRED MEMBER'S NAME <i>(Last, First, Middle Initial)</i>	2. SOCIAL SECURITY NUMBER	3. DATE OF BIRTH <i>(YYYYMMDD)</i>	4. RETIREMENT DATE <i>(YYYYMMDD)</i>
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I CERTIFY THAT I AM ELIGIBLE TO CONTINUE RECEIVING RETIRED PAY.

5.a. RETIRED MEMBER'S SIGNATURE	b. DATE <i>(YYYYMMDD)</i>	SEAL OF NOTARY PUBLIC
6.a. NOTARY PUBLIC'S SIGNATURE	b. DATE <i>(YYYYMMDD)</i>	

DD FORM 2892, MAR 2005

REPLACES DFAS-CL FORM 1352/5, WHICH IS OBSOLETE.

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PRIVACY ACT STATEMENT

AUTHORITY: Executive Order 9397 (SSN), and Department of Defense Financial Management Regulation (DoDFMR) 7000.14-R, Vol. 7B, Military Pay Policy and Procedures - Retired Pay.

PRINCIPAL PURPOSE(S): This form is used to identify the member, annotate the member's retired pay account that the Certificate of Eligibility (COE) has been received, and determine eligibility for the member to receive military retired pay.

ROUTINE USE(S): The information on this form may be disclosed as generally permitted under 5 U.S.C. Section 552a(b) of the Privacy Act of 1974, as amended. It may also be disclosed outside of the Department of Defense to the Internal Revenue Service for tax purposes, and the Department of Veterans Affairs (VA) regarding VA compensation. Other Federal, State, or local government agencies, which have identified a need to know, may obtain this information for the purpose(s) identified in the DoD Blanket Routine uses as published in the Federal Register.

DISCLOSURE: Disclosure is voluntary; however, failure to complete this card may result in non-receipt of payments.

DD FORM 2892 (BACK), MAR 2005

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