



Army Benefits Center-Civilian (ABC-C) Date of Retirement Change or Withdrawal



I, _____, am requesting the following:

To **withdraw** my retirement.

_____ I understand that my retirement package, with the exception of any beneficiary forms, will be destroyed. Beneficiary forms will be filed in my electronic Official Personnel Folder (eOPF).

_____ I am aware that withdrawing my retirement application, I could experience a pay problem, leave payout, and issues with my Common Access Card (CAC).

To **change** my date of retirement.

Current Date of Retirement: _____

New Date of Retirement: _____

_____ I understand that by changing my date of retirement, I must attach an updated first page of my retirement application ([SF 2801 – CSRS](#) or [SF 3107 – FERS](#)) with my new date of retirement to this document. **My application will NOT be processed until this is received.**

_____ I am aware that by changing my date of retirement, I could experience a pay problem, leave payout, and issues with my Common Access Card (CAC).

Signature of Employee

Daytime Phone Number

Date

Your request cannot be processed if any of the above information is not provided.

Mail or fax this document to:

Army Benefits Center - Civilian
305 Marshall Ave
Fort Riley, KS 66442-5004
Fax: 785-239-6228 (DSN: 856)