

**APPLICATION FOR ANNUITY
CERTAIN MILITARY SURVIVING SPOUSES**

(Please type or print information in ink)

*Form Approved
OMB No. 0704-0402
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The public reporting burden for this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0402), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS. RETURN COMPLETED FORM TO THE ADDRESS OF THE APPROPRIATE AGENCY ON BACK.

PRIVACY ACT STATEMENT

AUTHORITY: Section 644, Public Law 105-85, November 18, 1997; Section 656, Public Law 106-65, October 5, 1999; and E.O. 9397.

PRINCIPAL PURPOSE(S): To be used by a qualified surviving spouse to apply for an annuity for certain military surviving spouses.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, personal information requested on this form is used to determine whether an applicant meets the criteria established for entitlement and if so establishes an annuity account. Withholding requested information may hinder the verification process and/or cause difficulty in establishing a valid annuity account.

SECTION I - INFORMATION CONCERNING DECEASED MEMBER

1. NAME OF DECEASED RETIREE <i>(Last, First, Middle)</i>	2. SOCIAL SECURITY NUMBER OR SERVICE NUMBER	3. DATE OF BIRTH <i>(YYYYMMDD)</i>
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SECTION II - ELIGIBILITY

Please answer the following questions to help determine your eligibility. Place an X to indicate the appropriate answer. Enter dates as YYYYMMDD. If you still wish to apply after completing this section, please complete Sections III through VI.

4. DID THE DECEASED MEMBER DIE BEFORE MARCH 21, 1974, OR IN THE CASE OF A RESERVE MEMBER, DIE BEFORE OCTOBER 1, 1978?

<input type="checkbox"/> YES	Enter date of death:
<input type="checkbox"/> NO	If you marked "NO", YOU ARE NOT ELIGIBLE.

5. WAS THE MEMBER RETIRED, OR IN THE CASE OF A RESERVE MEMBER ELIGIBLE FOR RETIREMENT BY COMPLETING OVER 20 YEARS OF QUALIFYING SERVICE?

<input type="checkbox"/> YES	Enter date retired, or in the case of a reserve member, date of retirement eligibility:
<input type="checkbox"/> NO	If you marked "NO", YOU ARE NOT ELIGIBLE.

6. WERE YOU LEGALLY MARRIED TO THE DECEASED AT THE TIME OF DEATH?

<input type="checkbox"/> YES	Enter date of marriage:
<input type="checkbox"/> NO	If you marked "NO", YOU ARE NOT ELIGIBLE.

7. HAVE YOU EVER REMARRIED?

<input type="checkbox"/> YES	Enter date of remarriage:
<input type="checkbox"/> NO	If you marked "YES", YOU ARE NOT ELIGIBLE.

8a. ARE YOU RECEIVING ANY OTHER MILITARY SURVIVOR ANNUITY OF ANY KIND ON THE RECORD OF THIS OR ANY OTHER DECEASED RETIREE?

<input type="checkbox"/> YES	Enter monthly amount:
<input type="checkbox"/> NO	

b. TYPE OF BENEFIT:

<input type="checkbox"/> SBP	If you are receiving SBP or MIW, YOU ARE NOT ELIGIBLE. If you are receiving DIC, any payment under this annuity will be reduced by the DIC amount.
<input type="checkbox"/> MIW	
<input type="checkbox"/> DIC	

SECTION III - INFORMATION CONCERNING SURVIVING SPOUSE

9. NAME <i>(Last, First, Middle Initial)</i>	10. SOCIAL SECURITY NUMBER	11. DATE OF BIRTH <i>(YYYYMMDD)</i>	12. CITIZEN OF WHAT COUNTRY?
13. ADDRESS <i>(Street, Apartment Number, City, State, ZIP Code)</i>			14. TELEPHONE NUMBER <i>(Include Area Code)</i>

SECTION IV - ELECTRONIC FUNDS TRANSFER (EFT)

Complete the following section to authorize Electronic Funds Transfer (EFT) if you are found qualified for benefits. Instead of completing this section you may attach a voided personal check to authorize EFT.

15. ROUTING TRANSIT NUMBER (RTN) <i>(9 digits)</i>	16. ACCOUNT NUMBER	CHECKING SAVINGS
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17. NAME(S) OF ACCOUNT HOLDER(S)

18. FINANCIAL INSTITUTION

a. NAME	b. TELEPHONE NUMBER <i>(Include Area Code)</i>
c. ADDRESS <i>(Street, Suite Number, City, State, ZIP Code)</i>	

SECTION V - LEGAL REPRESENTATIVE INFORMATION *(Court Appointed Guardian, Representative Payee, or Power of Attorney)*

19. HAS A LEGAL REPRESENTATIVE BEEN APPOINTED FOR THE PURPOSE OF RECEIVING THIS ANNUITY ON YOUR BEHALF?

 YES NO

20. IF A LEGAL REPRESENTATIVE HAS NOT BEEN APPOINTED WILL ONE BE APPOINTED?

 YES NO21a. NAME OF LEGAL REPRESENTATIVE *(Last, First, Middle Initial)*b. ADDRESS OF LEGAL REPRESENTATIVE *(Street (or P.O. Box), Suite Number, City, State, ZIP Code)*c. TELEPHONE NUMBER *(Include Area Code)***SECTION VI - CERTIFICATION AND SIGNATURE** *(Must be signed)*

22a. APPLICANT/LEGAL REPRESENTATIVE'S SIGNATURE

b. DATE *(YYYYMMDD)*

23a. FIRST WITNESS OR NOTARY SIGNATURE

b. DATE *(YYYYMMDD)*c. ADDRESS OF FIRST WITNESS *(Include ZIP Code)*

24a. SECOND WITNESS SIGNATURE

b. DATE *(YYYYMMDD)*c. ADDRESS OF SECOND WITNESS *(Include ZIP Code)***TRUTHFULNESS STATEMENT**

All statements made in this application must be true to the best of your knowledge. No evidence necessary to settlement of the claim or establishment of the annuity should be suppressed or withheld. *(U.S. Code, Title 18, Sec. 287, 1001, provides that an individual shall be fined under this title or imprisoned not more than 5 years, or both.)*

WHERE TO REQUEST INFORMATION AND SEND YOUR APPLICATION

Upon completion of this form, send it to the office listed below for the service of the deceased member. The following documents are needed to determine your eligibility. Please include them with your application.

- (1) A copy of a retirement order or copy of Notice of Retirement Eligibility or other official service document showing deceased member's retired status;
- (2) A copy of the deceased retiree's final DD Form 214 (Certificate of Discharge);
- (3) A certified true copy of the deceased retired member's death certificate; and
- (4) A certified true copy of your certificate of marriage to the deceased retired member.

If you have questions or need help completing this application, please contact the office of the appropriate service below. If your spouse is a deceased retiree of the:

U.S. ARMY - Contact the Retirement Services Office at your nearest Army installation. Mail completed form to:
HQDA Army Retirement Services, Attn: DAPE-RSO, 200 Stovall St., Alexandria, VA 22332-0470.

U.S. NAVY - Department of the Navy, Bureau of Naval Personnel, PERS-622, Retired Activities Branch, 5720 Integrity Dr., Millington, TN 38055-6220

U.S. AIR FORCE - HQ AFPC/DPPT, 550 C Street West, Suite 11, Randolph AFB, TX 78150-4713.

U.S. MARINE CORPS - Manpower and Reserve Affairs (MMSR-6), 3280 Russell Road, Quantico, VA 22134-5103.

U.S. COAST GUARD and NOAA - Commanding Officer (RAS), USCG Human Resources Service & Information Center, 444 S.E. Quincy Street, Topeka, KS 66683-3591.

U.S. PUBLIC HEALTH SERVICE - Compensation Branch, 5600 Fishers Lane, Room 4-50, Rockville, MD 20857.

SERVICE CERTIFICATION - FOR OFFICE USE ONLY

I certify that the above applicant is qualified for benefits under the Annuity for Certain Military Surviving Spouses and authorize payment.

25a. PRINTED NAME OF AUTHORIZING OFFICIAL
(Last, First, Middle Initial)

b. TITLE

c. SERVICE

d. TELEPHONE NUMBER
(Include Area Code)

e. SIGNATURE

f. DATE *(YYYYMMDD)*