

## VOLUNTARY SEPARATION INCENTIVE (VSI) BENEFICIARY DESIGNATION

### PRIVACY ACT STATEMENT

**AUTHORITY:** E.O. 9397; and 10 U.S.C. Section 1175.

**PRINCIPAL PURPOSE(S):** To identify your selected beneficiary(ies) for payment of your Voluntary Separation Incentive (VSI), upon your death.

**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. It may also be disclosed outside of the Department of Defense to the Internal Revenue Service for tax purposes, or to the Department of Veterans Affairs (DOVA) regarding DOVA compensation. In addition, 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:** Voluntary; however, failure to provide the information will result in payments being made based on Legal Order of Precedence as set forth in 10 U.S.C. 2771, so that remaining annual installments may be directed to someone other than the person or persons you would have designated.

1. I, \_\_\_\_\_, in the event of my death, prior to receiving all  
(Name and Grade)  
of my VSI payments, designate the following individual(s) as beneficiary(ies) to receive those payments:

| a.<br>NAME OF BENEFICIARY<br>(First, Middle Initial, Last) | b.<br>ADDRESS<br>(Include ZIP Code) | c.<br>SOCIAL<br>SECURITY<br>NUMBER | d. RELATIONSHIP<br>(Spouse, Son, Daughter,<br>Brother, Sister, Father,<br>Mother, Other) | e.<br>DATE OF BIRTH<br>(YYYYMMDD) | f.<br>PERCENT |
|------------------------------------------------------------|-------------------------------------|------------------------------------|------------------------------------------------------------------------------------------|-----------------------------------|---------------|
| (1)                                                        |                                     |                                    |                                                                                          |                                   |               |
| (2)                                                        |                                     |                                    |                                                                                          |                                   |               |
| (3)                                                        |                                     |                                    |                                                                                          |                                   |               |
| (4)                                                        |                                     |                                    |                                                                                          |                                   |               |

2. TYPED OR PRINTED NAME

3. SOCIAL SECURITY NUMBER

4. SIGNATURE

5. DATE

### INSTRUCTIONS

- Designation of beneficiary(ies) may be changed by writing to:  
Defense Finance and Accounting Service  
VSI Operations  
P.O. Box 998011  
Cleveland, OH 44199-8011
- Enter "NOT USED" in unused beneficiary designation blocks.
- You may designate more than four (4) beneficiaries by attaching an additional sheet, signed and dated, and including the information shown above.