



MILITARY PAY IN-PROCESSING PACKET
CHECKLIST OF REQUIRED DOCUMENTS FOR MILITARY PAY

NAME: John/Jane Doe SSN: 000-00-0000 DATE: 20171004

PHONE NUMBER: (Contact) Info here EMAIL: Personal/Military email here

SIGNATURE: Sign after completion of all forms

*****ALL FORMS ARE REQUIRED FOR MILITARY PAY IN-PROCESSING*****
<MISSING OR INCOMPLETE FORMS WILL RESULT IN A DELAY OF YOUR PAY>

PLEASE INITIAL NEXT TO EACH FORM INCLUDED IN YOUR PACKET

x	1. DD 1288 OR APPOINTMENT ORDER
x	2. DIRECT DEPOSIT FORM (SF 1199A)
x	3. W-4 FEDERAL TAX WITHHOLDING
x	4. STATE OF LEGAL RESIDENCE CERTIFICATE (DD 2058)
x	5. SGLI-SERVICE GROUP LIFE INSURANCE (SGLV 8286)
x	6. ADDRESS CHANGE FORM (AF 1745)
x	7. BASIC ALLOWANCE FOR HOUSING (AF 594)
x	*MUST INCLUDE MARRIAGE CERTIFICATE OR CHILD(REN) BIRTH CERTIFICATE IF APPLICABLE
x	8. BENEFITS WAIVER (AF 1962)
x	9. DD 214 – FOR ALL PRIOR SERVICE DATES

AUTHORITY: 37USC 501, EO 9397 NOV 1943, **PRINCIPAL AND PURPOSE:** To correct and adjust military member's entitlement for further payment of accrued leave. **ROUTINE USES:** To adjust member's military pay record. Information may be disclosed to other government agencies. SSN is used for positive identification. **DISCLOSURE IS VOLUNTARY:** However, unless this information is furnished, there can be no further entitlements for payment of accrued leave.

***Please provide the RPO with your SGLI election form from PRDA, SOES, or a hard copy 8286 .

The hard copy SGLI election forms are authorized until August 2018. The local FSS Office can access PRDA and pull member's last election form or, preferably, SGLI Online Enrollment System (SOES) to see if member has made an online SGLI election. Please then provide RPO with the document that reflects the member's SGLI election. If the FSS is not available to pull this information, check with ARPC Benefits & Entitlements.

Please visit <https://www.benefits.va.gov/insurance/SOES.asp> to complete SGLI election.

Any SGLI 8286 form that is not certified by MPF at the bottom of page 2 will be rejected and delaying the in-processing. To streamline the process please visit the website above and save/attach the receipt to your welcome package.



HQ RIO RESERVE PAY OFFICE (RPO) - IR (CAT B OR E)

**Please complete the attached documents and resubmit to our office for processing.
In addition, please see the below helpful hints for completing the package.**

MUST INCLUDE DD 1288 OR APPOINTMENT ORDER

1. Please only complete the highlighted blocks on each form.
2. On the direct deposit form SF1199A, it is not necessary to submit the form to your financial institution for completion.
3. Digital signatures are accepted **EXCEPT** on the AF Form 594, application for BAH
4. If you are claiming any dependents please **provide** a copy of the marriage/birth certificate as supporting documentation for the AF Form 594.
 - Ensure your dependents information is in block 8.
 - If claiming a spouse, the DOB section should be your date of marriage.
 - Only a spouse needs to be listed if you are mil-civ in block 8.
 - If mil w/children, youngest child can be listed provided with a birth certificate.
5. Submit your DD Form 214 along with the completed package if prior military.

HQ RIO/IRO
Buckley AFB, CO
arpc.riorpo.1@us.af.mil
DSN 847-3711, Commercial 720-847-3711
FAX 847-3960, Commercial 720-847-3960

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE (last, first, middle initial) John/Jane Doe <hr/> ADDRESS (street, route, P.O. Box, APO/FPO) Mailing Address Here <hr/> CITY STATE ZIP CODE Mailing Address Here <hr/> TELEPHONE NUMBER (Contact)Info here	D TYPE OF DEPOSITOR ACCOUNT <input checked="" type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <hr/> E DEPOSITOR ACCOUNT NUMBER <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px;">1</td> <td style="border: 1px solid black; width: 20px;">2</td> <td style="border: 1px solid black; width: 20px;">3</td> <td style="border: 1px solid black; width: 20px;">4</td> <td style="border: 1px solid black; width: 20px;">5</td> <td style="border: 1px solid black; width: 20px;">6</td> <td style="border: 1px solid black; width: 20px;">7</td> <td style="border: 1px solid black; width: 20px;">8</td> <td style="border: 1px solid black; width: 20px;">9</td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px;"></td> </tr> </table> <hr/> F TYPE OF PAYMENT (Check only one) <input type="checkbox"/> Social Security <input type="checkbox"/> Fed. Salary/Mil. Civilian Pay <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active _____ <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retire. _____ <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. Survivor _____ <input type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Other AF Reserve Pay <i>(specify)</i>	1	2	3	4	5	6	7	8	9										
1	2	3	4	5	6	7	8	9												
B NAME OF PERSON(S) ENTITLED TO PAYMENT John/Jane Doe	G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable) <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 70%;">TYPE</th> <th>AMOUNT</th> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>	TYPE	AMOUNT																	
TYPE	AMOUNT																			
C CLAIM OR PAYROLL ID NUMBER SSN: 000-00-0000	JOINT ACCOUNT HOLDERS' CERTIFICATION (optional) I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.																			
PAYEE/JOINT PAYEE CERTIFICATION I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.																				
SIGNATURE Sign after completion of forms	DATE 20171004																			
SIGNATURE	DATE																			

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
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SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME OF FINANCIAL INSTITUTION <div style="font-size: 2em; text-align: center; padding: 10px;">Do Not Leave This Field Blank</div>	ROUTING NUMBER CHECK DIGIT <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px;">1</td> <td style="border: 1px solid black; width: 20px;">2</td> <td style="border: 1px solid black; width: 20px;">3</td> <td style="border: 1px solid black; width: 20px;">4</td> <td style="border: 1px solid black; width: 20px;">5</td> <td style="border: 1px solid black; width: 20px;">6</td> <td style="border: 1px solid black; width: 20px;">7</td> <td style="border: 1px solid black; width: 20px;">8</td> <td style="border: 1px solid black; width: 20px;">9</td> </tr> </table>	1	2	3	4	5	6	7	8	9
1	2	3	4	5	6	7	8	9		
DEPOSITOR ACCOUNT TITLE										
FINANCIAL INSTITUTION CERTIFICATION I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.										
PRINT OR TYPE REPRESENTATIVE'S NAME <div style="text-align: center; font-weight: bold;">NA</div>	SIGNATURE OF REPRESENTATIVE <div style="text-align: center; font-weight: bold;">NA</div>	TELEPHONE NUMBER <div style="text-align: center; font-weight: bold;">NA</div>	DATE <div style="text-align: center; font-weight: bold;">NA</div>							

Financial institutions should refer to the GREEN BOOK for further instructions.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

Form W-4 (2017)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you aren't exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: { • You're single and have only one job; or • You're married, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	B _____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child.	G _____
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	H _____
	For accuracy, complete all worksheets that apply. { • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.	

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
		▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		2017
1 Your first name and middle initial John/Jane J.	Last name Doe	2 Your social security number 000-00-0000		
Home address (number and street or rural route) Mailing Address Here		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code Mailing Address Here		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5 1			
6 Additional amount, if any, you want withheld from each paycheck	6 \$ 0			
7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ▶ Sign after completion of form		Date ▶ 20171004		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)	10 Employer identification number (EIN)	

STATE OF LEGAL RESIDENCE CERTIFICATE

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Tax Reform Act of 1976, Public Law 94-455.
PURPOSE: Information is required for determining the correct State of legal residence for purposes of withholding State income taxes from military pay.
ROUTINE USES: Information herein will be furnished State authorities and to Members of Congress.
MANDATORY OR VOLUNTARY DISCLOSURE: Disclosure is voluntary. If not provided, State income taxes will be withheld based on the tax laws of the State previously certified as your legal residence, or in the absence of a prior certification, the tax laws of the applicable State based on your home of record.

NAME (<i>Last, first, middle initial</i>) John/Jane Doe	SOCIAL SECURITY NUMBER (SSN) 000-00-0000
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LEGAL RESIDENCE/DOMICILE (<i>City or county and State</i>) Denver, Colorado

INSTRUCTIONS FOR CERTIFICATION OF STATE OF LEGAL RESIDENCE

The purpose of this certificate is to obtain information with respect to your legal residence/domicile for the purpose of determining the State for which income taxes are to be withheld from your "wages" as defined by Section 3401(a) of the Internal Revenue Code of 1954. PLEASE READ INSTRUCTIONS CAREFULLY BEFORE SIGNING.

The terms "legal residence" and "domicile" are essentially interchangeable. In brief, they are used to denote that place where you have your permanent home and to which, whenever you are absent, you have the intention of returning. The Soldiers' and Sailors' Civil Relief Act protects your military pay from the income taxes of the State in which you reside by reason of military orders unless that is also your legal residence/domicile. The Act further provides that no change in your State of legal residence/domicile will occur solely as a result of your being ordered to a new duty station.

You should not confuse the State which is your "home of record" with your State of legal residence/domicile. Your "home of record" is used for fixing travel and transportation allowances. A "home of record" must be changed if it was erroneously or fraudulently recorded initially.

Enlisted members may change their "home of record" at the time they sign a new enlistment contract. Officers may not change their "home of record" except to correct an error, or after a break in service. The State which is your "home of record" may be your State of legal residence/domicile only if it meets certain criteria.

The formula for changing your State of legal residence/domicile is simply stated as follows: physical presence in the new State with the simultaneous intent of making it your permanent home and abandonment of the old State of legal residence/domicile. In most cases, you must actually reside in the new State at the time you form the intent to make it your permanent home. Such intent must be clearly indicated. Your intent to make the new State your permanent home may be indicated by certain actions such as: (1) registering to vote; (2) purchasing residential property or an unimproved residential lot; (3) titling and registering your automobile(s); (4) notifying the State of your previous legal residence/domicile of the change in your State of legal residence/domicile; and (5) preparing a new last will and testament which indicates your new State of legal residence/domicile. Finally, you must comply with the applicable tax laws of the State which is your new legal residence/domicile.

Generally, unless these steps have been taken, it is doubtful that your State of legal residence/domicile has changed. Failure to resolve any doubts as to your State of legal residence/domicile may adversely impact on certain legal privileges which depend on legal residence/domicile including among others, eligibility for resident tuition rates at State universities, eligibility to vote or be a candidate for public office, and eligibility for various welfare benefits. If you have any doubt with regard to your State of legal residence/domicile, you are advised to see your Legal Assistance Officer (JAG Representative) for advice prior to completing this form.

I certify that to the best of my knowledge and belief, I have met all the requirements for legal residence/domicile in the State claimed above and that the information provided is correct.

I understand that the tax authorities of my former State of legal residence/domicile will be notified of this certificate.

SIGNATURE Sign after completion of form	CURRENT MAILING ADDRESS (<i>Include ZIP Code</i>) Mailing Address Here	DATE 20171004
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APPLICATION & AUTHORIZATION TO START, STOP OR CHANGE BASIC ALLOWANCE FOR HOUSING OR RECERTIFICATION OR DEPENDENCY DETERMINATION/REDETERMINATION OR ESM START/STOP FOR MEMBERS ASSIGNED/TERMINATING UNACCOMPANIED PERSONNEL HOUSING

PRIVACY ACT STATEMENT

AUTHORITY: 37 USC 403, Public Law 96-343, EQ 9397

PURPOSE: To start, adjust or terminate military member's entitlement to BAH or to provide required Entitlement Recertification or Dependency Determination/Redetermination or ESM start/stop for eligible members E6 and below assigned/terminating unaccompanied personnel housing.

ROUTINE USE(S): Information may be disclosed to the Internal Revenue Service for tax information on members Social Security Administration or information on tax deducted, Department of Veteran Affairs for education and group life insurance information, and the Department of Justice for investigating or prosecuting possible violations of the law, the American Red Cross for information concerning the needs of the member or dependents emergency situations, the Air Force to determine needs of a member or dependents in emergency situations and for verification of loan applications, state and local governments for tax and welfare insurance companies for allotment information and financial institutions, for deposits and/or payments.

DISCLOSURE: Voluntary. However, failure to provide all information including Social Security Number (SSN) may result in nonpayment of BAH

PART A - IDENTIFICATION & DUTY LOCATION

LODGING OFFICIAL

1. NAME (Last, First, MI)
John/Jane Doe

2. SSN
000-00-0000

3. GRADE
E-1

4. PHONE
Contact Info here

5A. DUTY LOCATION (Base, State, ZIP Code or Country)
Buckley AFB, Colorado 80011

5B. E-MAIL ADDRESS
Contact Info here

NON-AVAILABILITY/ASSIGNMENT/TERMINATION OF QUARTERS
 QUARTERS ARE NOT ASSIGNED DATE: _____

ADEQUATE QUARTERS ASSIGNED TERMINATED
 EFFECTIVE DATE: _____ UNIT # _____

INADEQUATE QUARTERS ASSIGNED TERMINATED
 EFFECTIVE DATE: _____ UNIT # _____

TRANSIENT QUARTERS OCCUPIED - UNIT # _____

EFFECTIVE DATES FROM: _____ TO: _____

PART B - MARITAL/DEPENDENT STATUS

6 SINGLE, NO DEPENDENTS SINGLE, CLAIMING DEPENDENT(S)

MARRIED - SPOUSE IS A CIVILIAN MILITARY MEMBER

IF MILITARY SPOUSE - NAME, SSN, BRANCH OF SERVICE, STATION AND DATE OF MARRIAGE:

DIVORCED _____ (Date) LEGALLY SEPARATED _____ (Date)

TITLE

SIGNATURE


DATE

7. NON-CUSTODIAL PARENTS: I PAY THE FULL AMOUNT OF WITH-DEPENDENT RATE BAH, OR \$ _____ .00 PER MONTH FOR DEPENDENT SUPPORT
 BASED ON: a. DIVORCE DECREE b. COURT ORDER c. LEGAL SEPARATION AGREEMENT, OR d. WRITTEN AGREEMENT WITH CHILD'S CUSTODIAN

8. I CLAIM BAH FOR THE DEPENDENT IN NOT IN MY LEGAL AND PHYSICAL CUSTODY LISTED BELOW (Effective Date): _____
 Note: Indicate the civilian dependent(s) you are claiming and the relationship (i.e., spouse, minor child, incapacitated child, stepchild or parent). For other than spouse or minor child, list of potential dependents in Part C below. If dependent(s) is a child, include the date of birth(DOB).

(a) NAME (Last, First, MI)	(b) ADDRESS, CITY, STATE, ZIP OR COUNTRY	(c) RELATIONSHIP	(d) DOB
***If claiming dependents/mil-mil please annotate in block 6. If claiming dependents fill block 8, in custody box, effective date (either marriage date for civilian spouse or birth date for children). List primary dependent in this block and certify the first box in part C below.			
***If claiming dependents add supporting documentation (marriage/birth certificate).			

9. IF DEPENDENT NAMED ABOVE IS A CHILD WHOSE PARENT IS A MILITARY MEMBER, OR THE SPOUSE OF A MEMBER PROVIDE THE FOLLOWING

NAME	SSN	BRANCH OF SERVICE	STATION

PART C - MEMBER'S CERTIFICATION (For members with dependents)

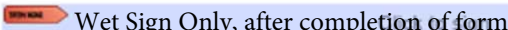
I certify that I provide adequate support (see AFI 36-2906 and JFTR ch 10) for the dependents named above. I am aware that failure to adequately support the above named dependents will result in stopping BAH, and recouping allowances paid for any prior periods of nonsupport

CERTIFICATION FOR MEMBERS RECEIVING BAH FOR SECONDARY DEPENDENTS (package must be sent to DFAS-IN for determination).

(Parents, parents-in-law, stepparents, parents-by-adoption, or in-loco-parentis, Students 21 and 22 years of age, Incapacitated children over age 21, or Ward of a court).

I certify that this is my first application YES NO If no, give date your last application was filed. _____

I understand that my failure to comply with the applicable requirements may result in cancellation of my BAH. Furthermore, I understand that making a false statement or claim against the US Government is punishable by court martial and that the penalty for willfully making a false claim, or false statement in connection with a claim is a maximum fine of \$10,000 or imprisonment for 5 years, or both. I will report any changes of dependent's status or residence, as well as any changes in my housing arrangements immediately to the Financial Services Office (FSO). I also understand that my failure to comply with appropriate requirements may cause involuntary collection of any resulting indebtedness retroactive to the date the entitlement became erroneous.

MEMBER'S SIGNATURE 	DATE 20171004
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ADDRESS CHANGE FORM

PRIVACY ACT STATEMENT

Personal information is solicited on this form. As required by the Privacy Act of 1974, we advise:

1. **AUTHORITY:** 37 U.S.C. 101 et seq. 5 U.S.C., Chapter 55; 10 U.S.C., Chapters 67.71, and 871; Title 39, U.S.C. 406 and Title 10, U.S.C. 8013; E.O. 9397, Nov 1943
2. **PRINCIPAL PURPOSES:** To permit address changes for the Joint Uniform Military Pay System (JUMPS), the Retired Pay Systems, the Reserve component pay systems, and the civilian pay systems. To maintain a record of current address for pay related matters and bonds.
3. **ROUTINE USES:** Information may be disclosed to the General Accounting Office to provide financial information; Federal, State, and local courts for tax and welfare purposes; U.S. treasury to provide information on bonds purchased; and to the Department of Justice in some cases for criminal prosecution, civil litigation, or investigative purposes.
4. **DISCLOSURE:** Voluntary; however, failure to provide the requested information as well as the SSN may result in a delay in receipt of funds, Leave and Earnings Statement, Net Pay Advices, and miscellaneous pay-related documents.

Complete section 1 to change your mailing or organizational address for pay related items. Complete Section 2 to change the mailing address for some or all of your payroll deduction U.S. Savings Bonds. Civilian employees do not use Section 2 for bonds.

SECTION 1

NAME John/Jane Doe	Social Security # 000-00-0000	CHECK ONE: AD <input type="checkbox"/> RET <input type="checkbox"/> CIV <input type="checkbox"/> GUARD/RES <input checked="" type="checkbox"/> AIR FORCE <input checked="" type="checkbox"/> ARMY <input type="checkbox"/>
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NEW MAILING ADDRESS

NUMBER, STREET, PO BOX Mailing Address Here

CITY, STATE, ZIP, APO/FPO Mailing Address Here
--

NEW ORGANIZATIONAL ADDRESS

UNIT/OFFICE SYMBOL	DUTY PHONE	BOX NO	RNLTD	DEPARTURE DATE	EST ARR DATE
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GRADE	LOCAL ADDRESS	HOME PHONE
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FORWARDING ADDRESS

SECTION 2

ADDRESS CHANGE FOR PAYROLL DEDUCTION BONDS

B O N D #1	<p style="text-align: center;">NEW</p> <input type="checkbox"/> (CHECK HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW)	B O N D #2	<p style="text-align: center;">NEW</p> <input type="checkbox"/> (CHECK HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW)
	NAME TO WHOM MAILED		NAME TO WHOM MAILED
	NUMBER, STREET, PO BOX		NUMBER, STREET, PO BOX
	CITY, STATE, ZIP, APO/FPO		CITY, STATE, ZIP, APO/FPO
B O N D #3	<p style="text-align: center;">NEW</p> <input type="checkbox"/> (CHECK HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW)	B O N D #4	<p style="text-align: center;">NEW</p> <input type="checkbox"/> (CHECK HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW)
	NAME TO WHOM MAILED		NAME TO WHOM MAILED
	NUMBER, STREET, PO BOX		NUMBER, STREET, PO BOX
	CITY, STATE, ZIP, APO/FPO		CITY, STATE, ZIP, APO/FPO

SIGNATURE OF MEMBER/EMPLOYEE Sign after completion of form	DATE 20171004
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ELECTION OF RESERVE PAY AND ALLOWANCES OR BENEFITS FROM PRIOR MILITARY SERVICE

(PRIVACY ACT OF 1974 APPLIES - SEE REVERSE)

DATE

20171004

TYPED IDENTIFICATION DATA OF RESERVIST (Name, Grade, SSN, Address)

John/Jane Doe, E-1, 000-00-0000, Mailing Address Here

UNIT OF ASSIGNMENT

RIO/RPO

I - DECLARATION OF BENEFITS RECEIVED

I certify that I am am not drawing a pension, retired pay, or disability compensation from any United States Government agency because of prior military service. I further certify that I have have not a claim pending with any United States Government agency for any of the aforementioned types of compensation. I understand that I may not accept both pay and allowances and a pension, retired pay, or disability compensation for any periods I have served on active duty, active duty training, or inactive duty training. I further understand that at any time my situation changes, I must report each change to my Personnel Officer immediately. (10 USC 684)

SIGNATURE OF RESERVIST Sign after completion of form

II - ELECTION TO RECEIVE PAY AND ALLOWANCES IN LIEU OF BENEFITS

Complete if applicable

I hereby waive retired pay VA benefits for each day of active duty, active duty training or day in which one or more periods of inactive duty training is performed during fiscal year _____ as shown in schedule below.

VA CLAIM NO.

VA OFFICE

TYPE OF TRAINING	SCHEDULE OF TRAINING												TOTAL
	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	
ACTIVE DUTY DAYS													
* AFTP DAYS													
* DAYS UTAS SCHEDULED													
*(Show only the number of days on which UTAs/AFTPs are performed and not the number of UTAs/AFTPs performed during a single day.)												TOTAL DAYS WAIVED	
SIGNATURE OF RESERVIST													

III - ELECTION TO RECEIVE BENEFITS IN LIEU OF PAY AND ALLOWANCES

Complete if applicable

I hereby elect to waive pay and allowances for fiscal year _____ while on active duty, active duty training and inactive duty training in lieu of benefits I am receiving from _____. I understand that this election precludes my entitlement to receive any pay and allowances authorized for inactive duty training and while on active duty training including travel and other expenses incident thereto. I agree to pay all of my transportation expenses and all meals furnished by Government mess. I further agree to reimburse the Government for such expenses incurred on my behalf. This waiver will remain in effect for the entire fiscal year or remainder thereof or until such time as I may change my election during fiscal year

SIGNATURE OF RESERVIST

IV - SUPPLEMENTAL WAIVER

Complete if applicable

This section is to be used only when a previously filed AF1962 did not include total training actually performed, or which is to be performed. I hereby waive retired pay VA benefits for the additional days of active duty, active duty training, and/or days in which I performed one or more periods of inactive duty training during fiscal year _____, which were not included in my initial schedule of training.

TYPE OF TRAINING	SCHEDULE OF TRAINING												TOTAL
	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	
*(Show only the number of days on which UTAs/AFTPs are performed and not the number of UTAs/AFTPs performed during a single day.)												TOTAL DAYS WAIVED	
SIGNATURE OF RESERVIST													

V - RECoupMENT OF BENEFITS WAIVED FOR TRAINING NOT PERFORMED

Complete if applicable

I declare that I was a member of (Unit) _____ during fiscal year _____ from (date) _____ to (date) _____ and qualified to receive pay for active duty, active duty training and/or inactive duty training for _____ days, as indicated by the above revised schedule (complete schedule in Item II to show only days of training actually performed). I hereby apply for _____ days (type of benefit) as the difference between the days I waived and the days for which active duty, active duty training and/or inactive duty training pay received.

SIGNATURE OF RESERVIST

SIGNATURE OF CBPO

DATE

Recoupment data verified as correct

VERIFIED BY (Signature)

DATE