

Military PAY IN-PROCESSING PACKET

CHECKLIST OF REQUIRED DOCUMENTS FOR MILITARY PAY

NAME:	SSN:	DATE:	
PHONE NUMBER :_()	EMAIL:		
SIGNATURE			
		ARY PAY IN-PROCESSING*** T IN A DELAY OF YOUR PAY>	
-W-4 FEDERAL TA -STATE OF LEGA -SGLI-SERVICE G -ADDRESS CHAN	T FORM (SF 1199A) AX WITHHOLDING L RESIDENCE CER' GROUP LIFE INSURA GE FORM (AF 1745) NCE FOR HOUSING	TIFICATE (DD 2058) ANCE (SGLV 8286)	
SINGLE-No MARRIED-N MARRIED-N MARRIED-N SINGLE W/I	Dependents Military Member no dep Civilian Spouse Military Member-claimi DEPENDENT(S)-Divor		1)

PRIOR SERVICE/TRANSFERSADDITIONAL REQUIRED DOCUMENTS TRANSFERS FROM GUARD, ANOTHER
AFRC BASE OR OTHER BRANCH OF SERVICE

- -BENEFITS WAIVER (AF 1962)
- -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.

RESPONSIBLITIES OF MEMBER: Please complete entire pay packet and return to the HQ RIO/IRO via email: arpc.riorpo.1@us.af.mil. If you have any questions please contact us at DSN 847-3711 or COMM 720-847-3711



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

- 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. Ensure wet signatures are on each form included, no digital signatures can be accepted.
 - 4. Submit your DD Form 214 along with the completed package if prior military.
- 5. 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.

-If mil w/children, youngest child can be listed provided with a birth cert.

6. On the AF IMT 1962, please complete whichever block applies to you. However, we have highlighted the most common block IMA's complete. Block I is only for IMA's who are not receiving VA benefits, pension, etc.

RIO/IRO 18420 E. Silver Creek Avenue Bldg. 390 MS68 Buckley AFB, CO 80011 DSN 847-3711, Commercial 720-847-3711 FAX 847-3960, Commercial 720-847-3960

RIO RPO Contact Information:

arpc.riorpo.1@us.af.mil

DSN 847-3711

Commercial 720-847-3711

Standard Form 1199A (EG) (Rev. June 1987) Prescribed by Treasury Department Treasury Dept. Cir. 1076

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.

OMB No. 1510-0007

 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)		D TYPE OF DEPOSITOR A	CCOUNT CHECKING	SAVINGS
		E DEPOSITOR ACCOUNT	NUMBER	
ADDRESS (street, route, P.O. Box, APO/FPO)				
CITY STATE	ZIP CODE	F TYPE OF PAYMENT (Ch	Fed. Salary/Mil. Ci	
TELEPHONE NUMBER		Supplemental Security Incon Railroad Retirement	ne Mil. Active —— Mil. Retire. ——	
()		Civil Service Retirement (OP		
B NAME OF PERSON(S) ENTITLED TO PAYME	NT	☐ VA Compensation or Pension	n Other	
C. CLAIM OR DAVIDOLL ID MUMPER		C =: #0 DOX 50D 444 0714		(specify)
C CLAIM OR PAYROLL ID NUMBER		G THIS BOX FOR ALLOTM TYPE		(if applicable)
SSN:		ITPE	AMOUNT	
PAYEE/JOINT PAYEE CERTIFIC	ATION	JOINT ACCOUNT HO	OLDERS' CERTIFICATION	(optional)
I certify that I am entitled to the payment identified read and understood the back of this form. Ir authorize my payment to be sent to the financial ir to be deposited to the designated account.	signing this form, I	I certify that I have read including the SPECIAL NC	and understood the bac OTICE TO JOINT ACCOUN	k of this form, IT HOLDERS.
SIGNATURE	DATE	SIGNATURE		DATE
SIGNATURE	DATE	SIGNATURE		DATE
SECTION 2 (TO BE	COMPLETED BY	PAYEE OR FINANCIAL	INSTITUTION)	
GOVERNMENT AGENCY NAME		GOVERNMENT AGENCY AD	DDRESS	
SECTION 3 (TO BE COMPLETE	D BY FINANCIAL INSTI	TUTION)	
NAME OF FINANCIAL INSTITUTION		ROUTING NUMBER		CHECK
				DIGIT
		DEPOSITOR ACCOU	UNT TITLE	
	FINANCIAL INSTITUT	TION CERTIFICATION		
I confirm the identity of the above-named payee(sectify that the financial institution agrees to receive 210.				
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REP	_	TELEPHONE NUMBER	DATE
NA	NA		NA	NA

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 (2015)

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 2015 expires February 16, 2016. 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 cannot claim exemption from withholding if your 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

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not 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

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 2015. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future

ItOIIIL	ea deductions, on his	of the tax retain.	converting your other credit	s into withholding allowances.	enacted after we release it) w	ill be posted at www.irs.gov/w4.
		Perso	nal Allowances Worl	ksheet (Keep for you	ur records.)	
Α	Enter "1" for yo	urself if no one else ca	n claim you as a depende	ent		A
	ſ	 You are single and 	nave only one job; or			
В	Enter "1" if:	 You are married, ha 	ve only one job, and your	spouse does not work;	or }	В
	l	 Your wages from a s 	econd job or your spouse'	s wages (or the total of b	ooth) are \$1,500 or less. J	
С					ave either a working spous	e or more
	than one job. (E	ntering "-0-" may help	you avoid having too little	e tax withheld.)		· · · C
D	Enter number of	f dependents (other th	an your spouse or yourse	lf) you will claim on you	r tax return	D
E	Enter "1" if you	will file as head of hou	sehold 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	e expenses for which ye	ou plan to claim a credit	F
	(Note. Do not in	nclude child support pa	yments. See Pub. 503, C	hild and Dependent Car	re Expenses, for details.)	
G	Child Tax Cred	it (including additional	child tax credit). See Pub	. 972, Child Tax Credit,	for more information.	
					eligible child; then less "1"	if you
	have two to fou	r eligible children or les	s "2" if you have five or n	nore eligible children.		
	• If your total inco	ome will be between \$65,0	000 and \$84,000 (\$100,000 a	and \$119,000 if married), e	nter "1" for each eligible child	G
Н	Add lines A throu	gh G and enter total here	. (Note. This may be differen	nt from the number of exe	mptions you claim on your tax	k return.) ► H
	F			o income and want to re	duce your withholding, see t	he Deductions
	For accuracy, complete all		Worksheet on page 2.		and anaa hath	weet and the combined
	worksheets				ou and your spouse both vo-Earners/Multiple Jobs V	
	that apply.	avoid having too little		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, , , , , , , , , , , , , , , , , , ,
		• If neither of the ab	ove situations applies, sto	here and enter the num	ber from line H on line 5 of F	orm W-4 below.
		Separate here a	d give Form W-4 to your	emplover. Keep the top	part for your records	
	357 - 1	-	-			1
Form	W-4	Employ	ee's Withholdii	ng Allowance (Sertificate	OMB No. 1545-0074
	ment of the Treasury		entitled to claim a certain nui			1 2015
Interna	I Revenue Service	<u> </u>	y the IRS. Your employer ma	y be required to send a cor	·	
1	Your first name a	and middle initial	Last name		2 Your soci	al security number
	Llama adduses /		(atu)			
	Home address (i	number and street or rural ro	ute)		arried Married, but withhold	
	City or town, sta	to and ZID anda			/ separated, or spouse is a nonresider	
	City of town, sta	te, and zir code		·	ffers from that shown on your	· · · —
_		f II	1		ust call 1-800-772-1213 for a	
5			claiming (from line H abov	• • • • • • • • • • • • • • • • • • • •	,	5 6 \$
6			vithheld from each paych			
7	•	J			wing conditions for exempt	ion.
	•	•	f all federal income tax w		• •	
	-		deral income tax withheld	·		
Unde	•	-	xempt" here		wledge and belief, it is true,	correct and complete
			charming this certificate a	na, to the best of my Kilo	wildage and belief, it is the,	correct, and complete.
	<mark>loyee's signature</mark> form is not valid u	<mark>:</mark> unless you sign it.) ▶			Date ►	
(11115		, ,	omplete lines 8 and 10 only if s	ending to the IBS.) 9 Offi		identification number (EIN)

STATE OF LEGAL RESIDENCE CERTIFICATE

DATA REOUIRED 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 (Last, first, middle initial)

SOCIAL SECURITY NUMBER (SSN)

LEGAL RESIDENCE/DOMICILE (City or county and State)

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. <a href="https://pinally.pycu.purchasing.com/preparing-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.

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 CURRENT MAILING ADDRESS (Include ZIP Code)

DATE

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 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 CHECK ONE: NAME Social Security # AD RET CIV GUARD/RES AIR FORCE ARMY **NEW MAILING ADDRESS** NUMBER, STREET, PO BOX CITY, STATE, ZIP, APO/FPO **NEW ORGANIZATIONAL ADDRESS** UNIT/OFFICE SYMBOL **DEPARTURE DATE DUTY PHONE BOX NO RNLTD** EST ARR DATE GRADE LOCAL ADDRESS HOME PHONE FORWARDING ADDRESS SECTION 2 ADDRESS CHANGE FOR PAYROLL DEDUCTION BONDS NEW NEW (CHECK HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 (CHECK HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW) AND COMPLETE FIRST BLOCK BELOW) NAME TO WHOM MAILED NAME TO WHOM MAILED В В 0 0 Ν NUMBER, STREET, PO BOX Ν NUMBER, STREET, PO BOX D D #1 #2 CITY, STATE, ZIP, APO/FPO CITY, STATE, ZIP, APO/FPO **NEW NEW** (CHECK HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 (CHECK HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW) AND COMPLETE FIRST BLOCK BELOW) NAME TO WHOM MAILED NAME TO WHOM MAILED В В 0 0 Ν NUMBER, STREET, PO BOX Ν NUMBER, STREET, PO BOX D D #3 #4 CITY, STATE, ZIP, APO/FPO CITY, STATE, ZIP, APO/FPO SIGNATURE OF MEMBER/EMPLOYEE DATE

APPLICATION AND AUTHORIZATION TO START, STOP OR CHANGE BASIC ALLOWANCE FOR QUARTERS (BAQ) OR DEPENDENCY REDETERMINATION

PRIVACY ACT STATEMENT

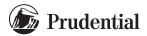
AUTHORITY: 37 USC 043, Public Law 96-343, EQ 9397

PURPOSE: To start, adjust or terminate military member's entitlement to BAQ

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 BAQ PART A - IDENTIFICATION & DUTY LOCATION HOUSING OFFICE or BILLETING OFFICIAL 1. NAME (Last, First, MI) NON-AVAILABILITY/ASSIGNMENT/TERMINATION OF QUARTERS 3. GRADE 4. PHONE 2. SSN ADEQUATE QUARTERS **TERMINATED** ☐ASSIGNED L EFFECTIVE DATE: UNIT# 5. DUTY LOCATION (Base, State, ZIP Code or Country) INADEQUATE QUARTERS TERMINATED ASSIGNED EFFECTIVE DATE: UNIT# TRANSIENT QUARTERS OCCUPIED - UNIT # PART B - MARITAL/DEPENDENT STATUS EFFECTIVE DATES FROM: TO: 6 SINGLE, NO DEPENDENTS SINGLE, CLAIMING DEPENDENT(S) TITLE MARRIED - SPOUSE IS A CIVILIAN MILITARY MEMBER IF MILITARY SPOUSE - NAME, SSN, BRANCH OF SERVICE, STATION AND DATE SIGNATURE OF MARRIAGE: DATE DIVORCED LEGALLY SEPERATED (Date) .00 PRE 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 BAQ FOR THE DEPENDENT IN NOT IN MY CUSTODY LISTED BELOW (Effective Date): Note: Indicate the civilian dependent you are claiming and the relationship (i.e., spouse, legitimate, illegitimate, incapacitated, adopted, step-child or parent) if dependent is a child include the date of birth (DOB) (b) ADDRESS, CITY, STATE, ZIP or COUNTRY (c) RELATIONSHIP (d) DOB (a) NAME (Last, First, MI) 9. IF DEPENDENT NAMED ABOVE IS A CHILD WHOSE PARENT IS A MILITARY MEMBER, OR THE SPOUSE OF A MEMBER PROVIDE THE FOLLOWING **BRANCH OF SERVICE** STATION PART C- MEMBERS CERTIFICATION (For members with dependents) I certify that I provide adequate support (see AFR 35-18) for the dependents named above. I am aware that failure to adequately support the above named dependents will result in stopping BAQ, and recouping allowances paid for any prior periods of nonsupport CERTIFICATION FOR MEMBERS RECEIVING BAQ FOR SECONDARY DEPENDENTS (Parent, adopted, illegitimate, incapacitated child or step-child) I understand that my failure to comply with the applicable requirements may result in cancellation of my BAQ. 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 Accounting and Finance Office (AFO). 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 OFFICIAL USE ONLY START CHANGE CANCEL REPORT STOP **PARTIAL** WITHOUT DEPENDENT WITH DEPENDENT I have determined that the above named individual is dependent on the member based on being DEPENDENCY DETERMINATION: Spouse Single member claiming legitimate child in custody of another Legitimate child in single members custody Parents Stepchild Adopted Child Incapacitated Child Illegitimate child or Child, member to member marriage I have determined that the above named individual is not dependent on member or eligible to be a dependent of member. Reasons for disapproval are I have reviewed documents that support claim that member is E-7 or above and no military necessity requires the member to reside off base. TITLE OF CERTIFYING OFFICIAL SIGNATURE OFFICE ADDRESS DATE

ELECTION OF RESERV	E PAY				S OR B 974 APPL				IOR M	LITAR	Y SERV	/ICE [DATE
TYPED IDENTIFICATION DATA	\ OF RE	SERVIST	「 <mark>(Name,</mark>	Grade, S	SSN, Ada	<mark>lress)</mark>			<mark>UI</mark>	NIT OF A	SSIGNME	NT	
			1-1	DECLAR	ATION O	F BENE	FITS RE	CEIVED					
I certify that I am am not military service. I further certify types of compensation. I undersperiods I have served on active report each change to my Person	that I stand that	have at I may r	n, retired have no not accept training, o	pay, or on the pay, or on the pay the pay the pay the pay or inactive pay the pay, or inactive pay the pay, or inactive pay the pay the pay the pay the pay the pay, or	disability of pending value and allower transfer to the contraction of	compens with any owances	sation fro United S and a pe	m any Ur tates Gov ension, re	ernment tired pay	agency f	for any of t	the afores pensation	mentioned ofor any
SIGNATURE OF RESERVIST													
	l	I - ELEC	TION TO	RECEIV	E PAY A	ND ALL	OWANC	ES IN LII	EU OF B	ENEFIT	S		
I hereby waive retired pay duty training or day in which one performed during fiscal year	e or more	e periods	•	e duty tr	aining is		A CLAIM				VA O	FFICE	
TYPE OF TRAINING		T	T	T			EDULE C	1					
4 OT 11 / F D 1 T 1 / D 4 1 / O	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	TOTAL
ACTIVE DUTY DAYS		_											
* AFTP DAYS		_											
* DAYS UTAS SCHEDULED	<u> </u>	<u> </u>	<u> </u>	<u> </u>			<u> </u>						
*(Show only the number of days performed during a single day.)		ch UTAs/	AFTPs ar	e perforr	ned and i	not the n	number o	UTAs/A	FTPs	TOTAL	DAYS WA	AIVED	
SIGNATURE OF RESERVIST													
	III	- ELECT	ION TO	RECEIVI	E BENEF	ITS IN L	IEU OF	PAY AND	ALLOV	ANCES			
I am receiving from duty training and while on active meals furnished by Government effect for the entire fiscal year or	duty tra	aining incl further a	luding tra gree to re	vel and c eimburse	other expe the Gove	enses in rnment f	cident the or such e	ereto. I a expenses	gree to p incurred	oay all of on my be	my transp	ortation	•
SIGNATURE OF RESERVIST													-
This section is to be used only w ☐ retired pay ☐ VA benefits for duty training during fiscal year	-	tional day	s of activ	1962 did i ve duty, a	ctive duty in my init	le total t rtraining	raining a , and/or o	ctually pe days in wl aining.			-		-
TYPE OF TRAINING					1	1	FTRAINI	1	T	T	1	T	T
	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	TOTAL
*(Show only the number of days performed during a single day.)	on whic	ch UTAs//	AFTPs ar	e perforn	ned and r	l not the n	l number of	UTAs/AI	FTPs	TOT	AL DAYS	<u>I</u> WAIVED	
SIGNATURE OF RESERVIST													
		V - RECO	DUPMEN	T OF BE	NEFITS \	WAIVED	FOR TR	AINING	NOT PEI	RFORME	D		
I declare that I was a member of	f (Unit)					d	uring fisc	al year		rom (da	nte)	to	(date)
and qualified to receive pay for a (complete schedule in Item II to		-	•	-		-	-				cated by the of benefit		revised schedule
as the difference between the da	ıys I wai	ved and t				uty, activ	e duty tra	aining and	d/or inac	ive duty			ed.
SIGNATURE OF RESERVIST			SIGNAT	URE OF	СВРО						DATE	<u> </u>	
Recoupment data verified as cou	rrect		VERIFIE	D BY (S	Signature))					DATE	<u> </u>	



Office of Servicemembers' Group Life Insurance

Servicemembers' Group Life Insurance Election and Certificate

About You				
Print Name (First, Middle, Last)		Rank, title or grade	Social S	ecurity Number
Current Amount of SGLI Coverage		Duty Location	Branch	of Service
About Your Coverage				
I am completing this form to: (Chec	k all that apply)			
☐ Name or update my SGLI beneficia	ry. You n	oust complete sections	3 and 5.	Coverage is available in
☐ Increase or restore my SGLI covera	ge to \$ You n	nust complete sections	<i>3, 4, & 5.</i>	increments of
Reduce my SGLI coverage to \$	<u>You n</u>	oust complete sections	<i>3 & 5.</i>	\$50,000 up to a maximum of
☐ Decline (cancel) SGLI coverage.	You n	oust complete section 5	.	\$400,000
About Your Beneficiaries		Complete this sect	ion unless you are	declining coverage.
Primary	Social Security Number	Relationship	Share to each (% or \$	Payment Option (Lump sum* or 36 equal monthly
Name and Address	(If available) '	to you	amounts)	payments)
1.				
2.				
3.				
4.				
Secondary				
1.				
2.				
3.				

I have more beneficialles: Gleck the box and complete supplemental such beneficiary rount, such ozon

If you do not name beneficiaries above, your insurance will be paid by law (see page 3).

Open Solutions Inc. is the Service Provider of the Prudential Alliance Account Settlement Option, a contractual obligation of The Prudential Insurance Company of America, located at 751 Broad Street, Newark, NJ 07102-3777. Check clearing is provided by JPMorgan Chase Bank, N.A. and processing support is provided by First Data Payment Services (FDPS). Alliance Account balances are not insured by the Federal Deposit Insurance Corporation (FDIC). Open Solutions Inc., JPMorgan Chase Bank, N.A., and First Data Payment Services are not Prudential Financial companies.

GL.2010.094 Ed. 11/2010 SGLV 8286 Page 1 of 4

^{*} If the insured member elects a lump sum payment, the beneficiary(ies) will be given the option of receiving the lump sum payment either through the Prudential Alliance Account or by check. Alliance is not available for payments less than \$5,000, payments to individuals residing outside the United States and its territories, and certain other payments. These will be paid by check.

Your gender Female Male
☐ Male
Did you answer "YES" to any
question? If so, reference the question by letter and list date,
duration and details below.
You must complete this section.
nan \$400,000.
atic injury
ily SGLI automatically covers my spouse. pay. <i>Failure to register my spouse in DEERS</i> ompleting SGLV 8286A.
urity Number Date (MM, DD, YYYY)
ii '

For Branch of Service Official Use	Only		
Received by Personnel Clerk	Rank, title or grade	Organization	Date
Approve Disapprove	OSGLI Representative		Date

GL.2010.094 Ed. 11/2010 SGLV 8286 Page 2 of 4

Information for the Service Member

About your SGLI Coverage

Servicemembers' Group Life Insurance (SGLI) is granted under title 38, United States Code, and is subject to the provisions of that title and its amendments, and title 38 Code of Federal Regulations.

The following charts provide information you should review before naming a beneficiary or selecting a payment option.

Naming Beneficiaries who will receive the insurance

If you	Then
are married and name someone other than your spouse or child as your beneficiary	The Branch of Service will notify your spouse that he or she is not the named beneficiary.
are married and reduce or decline your coverage	The Branch of Service will notify your spouse that you reduced or declined coverage.
have any life event such as marriage, divorce, or children after completing this form	You should complete a new beneficiary form. Beneficiaries are not automatically changed by life events.
want to name more than four primary or secondary beneficiaries	You must complete the SGLI Supplemental Beneficiary Form, SGLV 8286S.
name minors as beneficiaries	■ SGLI will pay the insurance benefit to the court-appointed guardian of the children's estate, if the beneficiary is a minor at time of claim.
	You can establish a trust for the benefit of the children and name the trust as beneficiary. A trust names a trustee of your choice to be legally responsible for administering the insurance proceeds for the children.
	■ Naming a trust as a beneficiary on this form does NOT create a trust.
name more than one primary beneficiary and one or more of them predeceases you	SGLI will pay the shares equally among the remaining primary beneficiaries.
have no surviving primary beneficiaries	SGLI will divide the insurance benefit among the secondary beneficiaries.
do not name a beneficiary or there are no surviving primary or secondary beneficiaries OR indicate that payment should be made by law	SGLI will pay the insurance benefit in the following order: 1. Widow or widower 2. Children in equal shares (the share of any deceased child will be distributed equally among the descendants of that child) 3. Parent(s) in equal shares or all to surviving parent 4. A duly appointed executor or administrator of your estate 5. Other next of kin

Payment Options

If you want the beneficiary to	Then
receive the insurance proceeds in one lump sum	Write the phrase "lump sum" under Payment Options. If you elect a lump sum payment, your beneficiary(ies) will be given the option of receiving the lump sum payment either through the Prudential Alliance Account* or by check.
	*Alliance Account is not available for payments less than \$5,000, payments to individuals residing outside the United States and its territories, and certain other payments. These will be paid by check.
receive the insurance proceeds in 36 equal monthly payments	 Write "36" under the Payment Option. Your beneficiary cannot change this payment option.
have a choice	Write the phrase "lump sum" under Payment Option or leave blank.

GL.2010.094 Ed. 11/2010 SGLV 8286 Page 3 of 4

Instructions for Personnel Clerk and the Service Member

1. A representative of the Uniformed Services must complete the "For Branch of Service Official Use Only" section to indicate receipt of the form from the member after reviewing the following table:

If the service member	The Personnel Clerk should inform the service member that	Then Personnel Clerk should
is increasing or restoring SGLI	he or she must complete Section 4, About Your Health.	Approve form if the responses to questions 4a through 4g are "No" and forward the form to payroll to change SGLI premium deductions.
		■ Send form to OSGLI if any answer to questions 4a through 4g is "Yes" and only inform payroll when approved by OSGLI.
is reducing SGLI	an application with health questions is required to increase coverage at a later date.	Forward the form to payroll to change SGLI premium deductions.
	• if the member is married, the Branch of Service must provide written notification to his or her spouse that the member reduced coverage.	
is declining SGLI	 this will also cancel Family SGLI coverage— both spousal coverage and dependent child coverage— and Traumatic Injury Protection (TSGLI). 	■ Have the service member complete SGLV 8286A to end payment of Family spousal premiums. The service member does not need to complete
	• if the member is married, the Branch of Service must provide written notification to his or her spouse that the member declined coverage.	a form to end payment of TSGLI premiums.Forward the form to payroll to change SGLI premium deductions.
is married or gets married	■ Family SGLI automatically covers spouse.	If applicable, forward the form to payroll to begin
after completing this form	he or she must register their spouse in DEERS for payroll to deduct premiums.	premium deductions for the spousal coverage. Forward the form to payroll to begin premium deductions for the spousal coverage, if applicable.
	■ If the member wants to decline coverage or take a lesser amount of spousal coverage, the member must complete SGLV 8286A.	deductions for the spousar coverage, if applicable.
has questions about this form	the advice of a military attorney is available at no expense.	Direct them to the appropriate resource.
wants to designate more beneficiaries than the form allows	he or she must complete the Supplemental SGLI Beneficiary Form SGLV 8286S.	Attach the Supplemental Beneficiary Form to the 8286.
wants to designate an unusual beneficiary given their family circumstances	while the member is free to designate anoyone he or she choses as beneficiary, the member must certify that he or she undersands the designation is unusual and the person named will receive the benefit.	Have the member sign a paper with the following statement: I certify that I understand my beneficiary designation is unusual, and I intend <named beneficiary=""> to receive my insurance proceeds in</named>
	if the member is married, the Branch of Service must provide written notification to his or her spouse that the member changed the designation.	the event of my death. I also understand that if I am married, my spouse will be notified that he/she is not my designated beneficiary.

2. After the form is completed, Personnel Clerk should:

☐ File a copy in the member's official personnel file
☐ Provide a copy to the service member
☐ Provide a copy of the form to the payroll office for the member's unit
☐ Submit the form to OSGLI ONLY if the member is increasing or restoring SGLI coverage and answere "Yes" to one or more of the health questions
Too to one or mere or the hearth quotient

GL.2010.094 Ed. 11/2010 SGLV 8286 Page 4 of 4