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Purpose of the DD Form 2656

- The DD Form 2656, *Data for Payment of Retired Personnel*, is required by DFAS to establish a retired pay account for military retirees.
- The form is used for all branches of service and all service components.
 - For that reason, some of the information on the form is not applicable to every member.
- The latest version is **March 2022**
 - All other versions are obsolete and will NOT be accepted by DFAS.

DATA FOR PAYMENT OF RETIRED PERSONNEL	
OMB No. 0704-0569 OMB approval expires: 20230731	
The public reporting burden for this collection of information, 0704-0569, is estimated to average 15 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 the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil . 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.	
PRIVACY ACT STATEMENT	
AUTHORITY: 10 United States Code (U.S.C.) Chapter 71, Computation of Retired Pay; 10 U.S.C. 73, Annuities Based On Retired Or Retainer Pay; DoD Instruction 1332.42, Survivor Benefit Plan; and DoD Financial Management Regulation, 7000.14-R, Volume 7B.	
PRINCIPAL PURPOSE(S): To collect information needed to establish a retired/retainer pay account, including designation of beneficiaries for unpaid retired pay, state tax withholding election, information on dependents, and to establish a Survivor Benefit Plan election.	
ROUTINE USE(S): To the Department of Veterans Affairs (DVA) regarding establishments, changes and discontinuing of DVA compensation to retirees and annuitants. To former spouses for purposes of providing information, consistent with the requirements of 10 U.S.C. 1450(f)(3), regarding Survivor Benefit Plan coverage. To spouses for purposes of providing information, consistent with the requirements of 10 U.S.C. 1448(a), regarding Survivor Benefit Plan coverage. Additional routine uses are available in the applicable system of records notice T7347b, Defense Military Retiree and Annuity Pay System Records, available at: http://dpold.defense.gov/Privacy/SORNs/index/DOD-wide-SORN-Article-View/Article/570196/t7347b/	
DISCLOSURE: Voluntary; however, failure to provide requested information will result in delays in initiating retired/retainer pay.	
WARNING Read the instructions at the end of this form in their entirety prior to completing.	



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Who/When to submit DD Form 2656?

- **The DD Form 2656 is submitted when members are applying for pay:**
 - **Regular retirement (20 years of TAFMS)**
 - **Reserve retired pay (20 years Satisfactory Service)**
 - **Age 60**
 - **Confirmed Reduced Retired Pay Age (RRPA)**



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Step-by-step Instructions

PART I - RETIRED PAY INFORMATION				
SECTION I - PAY IDENTIFICATION				
1. NAME (Last, First, Middle Initial)		2. SSN	3. DATE OF BIRTH (YYYYMMDD)	4. RETIREMENT / TRANSFER DATE (YYYYMMDD)
5. PAY GRADE	6. BRANCH OF SERVICE <input type="checkbox"/> a. ARMY <input type="checkbox"/> b. MARINE CORPS <input type="checkbox"/> c. NAVY <input type="checkbox"/> d. COAST GUARD <input type="checkbox"/> e. AIR FORCE <input type="checkbox"/> f. SPACE FORCE <input type="checkbox"/> g. NOAA <input type="checkbox"/> h. USPHS			
7. MEMBER OR FORMER MEMBER OF THE <input type="checkbox"/> a. REGULAR COMPONENT <input type="checkbox"/> b. RESERVE COMPONENT <small>(all members of the Reserves and National Guard including Active Guard/Reserve and Full-Time Support)</small> <input type="checkbox"/> (1) REGULAR RETIREMENT <input type="checkbox"/> (2) NON-REGULAR RETIREMENT		8. PARTICIPANT IN THE FOLLOWING RETIREMENT PLAN (See instructions, check only one) <input type="checkbox"/> a. FINAL PAY (only those members who first joined the service prior to September 8, 1980) <input type="checkbox"/> b. HIGH-3 (also known as the "High 36") <input type="checkbox"/> c. CSB/REDUX (only members who elected the Career Status Bonus upon completion of 15 years of service) <input type="checkbox"/> d. BLENDED RETIREMENT SYSTEM (BRS) <input type="checkbox"/> e. DISABILITY		
9. ADDRESS (Ensure DFAS - Cleveland Center, or the Coast Guard PPC for non-DOD members, is advised whenever your correspondence address changes)				
a. STREET (Include apartment number)		b. CITY	c. STATE	d. ZIP CODE
f. APO/FPO		g. TELEPHONE (incl. area code)	h. EMAIL ADDRESS	
		i. PREFERRED CONTACT METHOD (check one) <input type="checkbox"/> TELEPHONE <input type="checkbox"/> EMAIL		


PART I-RETIRED PAY INFORMATION	
SECTION I-PAY IDENTIFICATION	
Block 1-3: Self explanatory	
IMPORTANT Block 4: This is the date your retired pay will begin ➤ Age 60/RRPA: This is the date the member turns 60 or has a "confirmed" reduced retired pay date. ➤ Regular (Active Duty/AGR/20 years TAFMS) Retirement Members: Regular retirements must fall on the first of the month	
Block 5: Member's Rank/Paygrade; rank is the highest grade satisfactorily held	
Block 6: Branch of Service	
Block 7: See DD2656 Explanation	
Block 8: See DD2656 Explanation	
Block 9: All correspondence will be sent to the address you provide until a change is submitted. Telephone and/or email will be used if additional information is required to establish your retired pay account. It is important to include your telephone number with area code and/or valid email with preferred method of contact.	



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Step-by-step Instructions (cont.)

SECTION II - DIRECT DEPOSIT / ELECTRONIC FUND TRANSFER (DD/EFT) INFORMATION <i>(See Instructions)</i>				
<input type="checkbox"/> ACTIVE DUTY ONLY: Check here if you want to continue using financial information currently on file, otherwise fill out Items 10 through 13)				
10. ACCOUNT TYPE <i>(Check one)</i> <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS		11. ROUTING NUMBER <i>(See Instructions)</i> 		12. ACCOUNT NUMBER <i>(See Instructions)</i>
13. FINANCIAL INSTITUTION				
a. NAME	b. STREET <i>(Include apartment number)</i>	c. CITY	d. STATE ▼	e. ZIP CODE

SECTION II-DIRECT DEPOSIT/ELECTRONIC FUND TRANSFER INFORMATION
<p>Block 10-12: This is the financial institution where you want your retired pay sent. Ensure to annotate account type/routing number/account number.</p> <p> IMPORTANT <i>Note: The "ACTIVE DUTY ONLY" box does not apply. If you are a member of the Air Force Reserve or Air National Guard, you must complete this section since your retired pay will be dispersed from a different account than your Reserve or guard pay. Your retired pay cannot be established without this information.</i></p> <p>Block 13a-3: Self explanatory</p>



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Step-by-step Instructions (cont.)

SECTION III - SEPARATION PAYMENT INFORMATION	
14. a. PAYMENT TYPE RECEIVED (Check one)	b. GROSS AMOUNT
<input type="checkbox"/> NONE <input type="checkbox"/> DISABILITY SEVERANCE PAY (DSP) <input type="checkbox"/> INVOLUNTARY / VOLUNTARY SEPARATION PAY (SP)	
<input type="checkbox"/> VOLUNTARY SEPARATION INCENTIVE (VSI) <input type="checkbox"/> SPECIAL SEPARATION BONUS (SSB) <input type="checkbox"/> OTHER	
NOTE: If any payment type was selected, attach a COPY OF THE ORDERS which authorized the payment and a COPY OF THE DD FORM 214.	
List Of Attachments	

Section III-Separation Pay Information
Block 14 a-b: If the answer in 14a is "no", go to Section IV. If Separation Payment was received, please provide a copy of the Orders and/or DD214 if available. Notate the gross amount in 14b.



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Step-by-step Instructions (cont.)

SECTION IV - DEPARTMENT OF VETERANS AFFAIRS (VA) DISABILITY COMPENSATION INFORMATION			
15. VA DISABILITY COMPENSATION			
a. IN THE EVENT I AM AWARDED DISABILITY COMPENSATION BY THE VA, I WILL NOTIFY DFAS (OR THE COAST GUARD PPC FOR NON-DOD MEMBERS) OF THE AMOUNT OF ANY AWARD, AS IT MAY IMPACT MY RETIRED PAY BENEFIT. <input type="checkbox"/> Agree	b. HAVE YOU APPLIED FOR OR ARE YOU RECEIVING VA COMPENSATION FOR A DISABILITY? <input type="checkbox"/> Yes <input type="checkbox"/> No	c. EFFECTIVE DATE OF PAYMENT (YYYYMMDD) 	d. MONTHLY AMOUNT OF PAYMENT

Section IV-Veterans Affairs (VA) Disability Compensation Information
Block 15 a-d: If you are receiving VA compensation, you must report it in this section. If the answer is "no" in 15b, go to Section V. If the answer is "yes" in 15b, complete 15c and 15d.



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Step-by-step Instructions (cont.)

SECTION V - DESIGNATION OF BENEFICIARIES FOR UNPAID RETIRED PAY (See Instructions)				
<input type="checkbox"/> Check this box if you want to designate your spouse as 100% beneficiary of any unpaid retired pay upon death OR complete Item 16.				
16. BENEFICIARY OR BENEFICIARIES INFORMATION			Add Row	Remove Last Row
Complete this section if you want to designate a beneficiary or beneficiaries to receive any unpaid retired pay you are due at death. If you do not complete this section OR check the box above, your unpaid retired pay will be distributed to beneficiaries in accordance with 10 U.S.C. §2771.				
a. NAME (Last, First, Middle Initial)	b. SSN	c. ADDRESS (Street, City, State, ZIP Code)	d. RELATIONSHIP	e. SHARE
1)				%
2)				%
3)				%
4)				%
5)				%
6)				%

SECTION V-DESIGNATION OF BENEFICIARIES FOR UNPAID RETIRED PAY
Block 16: See DD2656 "Beneficiary or Beneficiaries Information" explanation. Only check the box if you are electing your spouse as 100% beneficiary. If one or more than one beneficiary is listed below, ensure the Share % equals 100%.




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Step-by-step Instructions (cont.)

SECTION VI - FEDERAL INCOME TAX WITHHOLDING INFORMATION (Submit information in Items 17 – 21 in lieu of IRS Form W-4 for tax purposes.) Please refer to the following IRS hyperlink for withholding questions: https://www.irs.gov/forms-instructions			
17. MARITAL STATUS (Check one) <input type="checkbox"/> SINGLE OR MARRIED FILING SEPARATELY <input type="checkbox"/> MARRIED FILING JOINTLY (Or qualifying widow/er) <input type="checkbox"/> MARRIED, BUT WITHHOLDING AT THE HIGHER SINGLE RATE <input type="checkbox"/> HEAD OF HOUSEHOLD (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual)		18. MULTIPLE JOBS OR SPOUSE WORKS (Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs) Do only one of the following: (a) Use the estimator at https://www.irs.gov/individuals/tax-withholding-estimator for most accurate withholding. or (b) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld. <input type="checkbox"/>	
19. ARE YOU A UNITED STATES CITIZEN? <input type="checkbox"/> Yes <input type="checkbox"/> No (See instructions)			
20. CLAIM DEPENDENTS If your income will be \$200,000 or less (\$400,000 or less if married filing jointly) Number of qualifying children under age 17 (Multiply the number of qualifying children under age 17 by \$2,000) _____ Number of other dependents (Multiply the number of other dependents by \$500) _____ Add the amounts above and enter the total here: _____		21. OTHER INCOME (Not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income. _____	
		22. DEDUCTIONS If you expect to claim deductions other than the standard deduction and want to reduce your withholding, review the Deductions Worksheet on page 3 of the IRS Form W-4 and enter the result here: (Estimate your deductions this year OR provide previous year's total deductions) _____	
23. EXTRA WITHHOLDINGS. Enter any additional tax you want withheld each month: _____			
SECTION VII - VOLUNTARY STATE TAX WITHHOLDING INFORMATION (Complete only if monthly withholding is desired.)			
24. STATE DESIGNATED TO RECEIVE TAX	25. MONTHLY AMOUNT (Whole dollar amount not less than \$10.00)	26. RESIDENCE ADDRESS (If different from address listed in Item 9) a. STREET (Include apartment number) _____ b. CITY _____ c. STATE _____ d. ZIP CODE _____	

SECTION VI-FEDERAL INCOME TAX WITHHOLDING INFORMATION

Block 17-21: Self-explanatory.  If married, but want to file at the single rate, please select "MARRIED BUT WITHHOLD AT HIGHER SINGLE RATE" instead of the "SINGLE" status.

SECTION VII-VOLUNTARY STATE TAX WITHHOLDING INFORMATION

Block 22-24a-d: Complete only if monthly "state tax" withholding is desired.



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Step-by-step Instructions (cont.)

PART II - LUMP SUM ELECTION This election must be made NO LATER THAN 90 days prior to the date in Part I, Section I, Item 4, in accordance with 10 U.S.C. §1415 For example, if the date in Item 4 is June 1, 2018, the date in Item 30.b. must be on or before March 3, 2018	
SECTION VIII - BRS LUMP SUM ELECTION Members who participate in the BRS retirement plan may upon retirement (regular retirement or age of eligibility to receive retired pay for a non-regular retirement) elect to receive a portion of their retired pay as a lump sum. Lump sum considerations are discussed below. Retiring members should consult with a financial advisor before electing a lump sum of retired pay.	
27. LUMP SUM PERCENTAGE (Check one only. If electing to receive a LUMP SUM, if no choice is indicated you will default to receiving your full retired pay on a monthly basis) a. I elect to receive a 25 PERCENT lump sum that is a discounted portion of my retired pay for the period from when I am eligible to begin receiving retired pay until I reach full social security retirement age. b. I elect to receive a 50 PERCENT lump sum that is a discounted portion of my retired pay for the period from when I am eligible to begin receiving retired pay until I reach full social security retirement age.	28. LUMP SUM PAYMENTS (Check one only. Complete Item 28 only, if electing a LUMP SUM in Item 27) I ELECT TO RECEIVE THE LUMP SUM IN a. ONE INSTALLMENT b. TWO EQUAL ANNUAL INSTALLMENTS c. THREE EQUAL ANNUAL INSTALLMENTS d. FOUR EQUAL ANNUAL INSTALLMENTS



PART II-LUMP SUM ELECTION (PAGE 3 OF 5)

DO NOT COMPLETE PART II. ONLY APPLIES TO BLENDED RETIREMENT SYSTEM MEMBERS.

Survivor Benefit Plan premiums (Part III) will still be deducted from your remaining monthly retired pay should you elect the lump sum. The premiums and your beneficiary's coverage will be based on the unreduced amount of your monthly retired pay, as if you had not elected a lump sum, unless you indicate otherwise in Item 37 of Part III.

- If you expect to receive a disability rating from the Department of Veterans Affairs, depending upon your rating, your ability to receive disability compensation could be affected by the lump sum.
- It is important to understand that a lifetime of full monthly payments will most likely be worth more than the lump sum with reduced monthly retired pay. It is highly recommended that you consult with a financial counselor before electing a lump sum of retired pay.

COMPARE YOUR ESTIMATED RETIREMENT BENEFITS WITH OR WITHOUT THE LUMP SUM:
<http://militarypay.defense.gov/Calculators/>

30. LUMP SUM ACKNOWLEDGEMENT
By signing below, I am indicating I am aware that I am electing to receive a discounted portion of my retired pay as a lump sum, and that this lump sum will likely be less than I would have received if I had not elected to receive it. I am aware there are resources available to assist me in making this decision, to include training available on [JCO](#) and the availability of financial counselors that can be located via <https://installations.militaryonesource.mil/> to discuss my personal situation. Additionally, I have reviewed a comparison of my retirement benefits with and without a lump sum. I am aware that once accepted, I may not seek review of, or otherwise challenge the amount of the lump sum, particularly in regard to deviations from future cost of living adjustments, actuarial assumptions, or other factors used in computing this amount.

a. MEMBER SIGNATURE (Sign only if electing a lump sum in item 28)	b. DATE SIGNED (YYYYMMDD)
<div></div>	



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Step-by-step Instructions (cont.)

PART III - SURVIVOR BENEFIT PLAN

PART III IS VERY IMPORTANT AND THE MOST MISUNDERSTOOD



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Step-by-step Instructions (cont.)

SECTION IX - DEPENDENCY INFORMATION (This section must be completed regardless of SBP Election.)				
31. SPOUSE (If no spouse enter N/A)				
a. NAME (Last, First, Middle Initial)		b. SSN	c. DATE OF BIRTH (YYYYMMDD)	
32. DATE OF MARRIAGE (YYYYMMDD)		33. PLACE OF MARRIAGE (See Instructions)		
34. DEPENDENT CHILDREN (If no dependent children enter N/A)				
Indicate which child or children resulted from marriage to a former spouse by entering (FS) after relationship in column d. Add rows or continue on separate paper if necessary.				
a. NAME (Last, First, Middle Initial)	b. SSN	c. DATE OF BIRTH (YYYYMMDD)	d. RELATIONSHIP (Son, daughter, stepson, etc.) Designate which children resulted from marriage to a former spouse, if any, by indicating (FS) after the relationship.	e. DISABLED? (If yes, substantiation of disabling condition and onset required. See Instructions).
1)				<input type="checkbox"/> Yes <input type="checkbox"/> No
2)				<input type="checkbox"/> Yes <input type="checkbox"/> No
3)				<input type="checkbox"/> Yes <input type="checkbox"/> No
4)				<input type="checkbox"/> Yes <input type="checkbox"/> No
<div>Add Attachment View Selected Attachment Remove Selected Attachment</div>				

SECTION IX-DEPENDENCY INFORMATION

Block 31-34 Only complete the items that apply to you. If you are married, complete 31-34. If you have dependent children, complete item 34. If neither applies, go to Section X.



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Step-by-step Instructions (cont.)

SECTION X - SURVIVOR BENEFIT PLAN (SBP) ELECTION <i>(You should consult a Survivor Benefit Plan counselor before making an election.)</i> If you make no election, maximum coverage will be established for your spouse and/or eligible dependent children		
35. RESERVE COMPONENT ONLY <i>(This section refers to the decision you previously made on the DD Form 2656-5 or the old form, the DD Form 1883 when you were notified of eligibility to retire. In most cases you do not have the right to make a new election on this form)</i> Reserve/National Guard members who achieve 20 qualifying years of service make the election to participate in the Reserve Component (RC) SBP on DD Form 2656-5 within 90 days of being notified of eligibility for a non-regular retirement not when applying for retired pay, unless that member previously elected to defer coverage. You must indicate your previous election in Item 35.a. through 35.c. before proceeding to Item 36. If you previously elected Option B or Option C, DO NOT enter an election in Item 36. (Check only one in Item 35.a. through 35.c.) For Active Guard/Reserve and Full-Time Support with a regular retirement, DO NOT enter an election. <input type="checkbox"/> a. OPTION A - Previously declined to make an election until eligible to receive retired pay <i>(Proceed to Item 36 to make election)</i> <input type="checkbox"/> b. OPTION B - Previously elected coverage to begin at age 60 <i>(Do not make an election in Item 36, 37, or 38, you have already elected coverage.)</i> <input type="checkbox"/> c. OPTION C - Previously elected or defaulted to immediate RC-SBP Coverage <i>(Do not make an election in Item 36, 37, or 38, you have already elected coverage.)</i> <small>NOTE: If you were married and/or had eligible children at the time you were notified of eligibility for non-regular retirement (on or after January 1, 2001) and did not complete DD Form 2656-5, you defaulted to full coverage under OPTION C – do not make an election in Item 36.</small> <small>Marital status has changed since your initial election to participate in RC-SBP.</small> <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If Yes, Attach Page with Explanation</small> <div><input type="button" value="Add Attachment"/> <input type="button" value="View Selected Attachment"/> <input type="button" value="Remove Selected Attachment"/></div>		
SECTION X-SURVIVOR BENEFIT PLAN (SBP) ELECTION		
Block 35: ➤ AGE 60/RRPA Members: This section refers to the decision previously made on the DD Form 2656-5, ARPC123, PS3811, etc. See additional information on the Instructions Page of the DD2656. If you do NOT know your current election decision, please contact the Total Force Service Center at 1-800-525-0102 or initiate an "Ask A Question" ticket for the ARPC Benefits & Entitlements Branch. ➤ Regular (Active Duty/AGR/20 year TAFMS) Retirement Eligible Members: DO NOT COMPLETE SECTION 35 – THIS SECTION ONLY APPLIES FOR AGE 60/RRPA RETIREMENTS		



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Step-by-step Instructions (cont.)

36. SBP BENEFICIARY CATEGORIES (Check one only. See Instructions and Section X.)

- ☐ a. I ELECT COVERAGE FOR SPOUSE ONLY I have Dependent Child(ren) ☐ Yes ☐ No
- ☐ b. I ELECT COVERAGE FOR SPOUSE AND CHILD(REN)
- ☐ c. I ELECT COVERAGE FOR CHILD(REN) ONLY (Spouse concurrence required in Part V if "Yes" is selected) I have a Spouse ☐ Yes ☐ No
- ☐ d. I ELECT COVERAGE FOR THE PERSON NAMED IN ITEM 39 WHO HAS AN INSURABLE INTEREST IN ME (See Instructions)
- ☐ e. I ELECT COVERAGE FOR MY FORMER SPOUSE INDICATED IN ITEM 40 (See Instructions)
Complete DD Form 2656-1, "Survivor Benefit Plan (SBP) Election Statement for Former Spouse Coverage." Attach/include court orders or agreements impacting on SBP continuation after divorce.
- ☐ f. I ELECT COVERAGE FOR MY FORMER SPOUSE INDICATED IN ITEM 40 AND DEPENDENT CHILD(REN) OF THAT MARRIAGE
(See Instructions) Complete DD Form 2656-1, "Survivor Benefit Plan (SBP) Election Statement for Former Spouse Coverage." Attach/include court orders or agreements impacting on SBP continuation after divorce.
- ☐ g. I ELECT NOT TO PARTICIPATE IN SBP I have eligible dependents under the plan.
(If currently married spousal concurrence is required.) ☐ Yes ☐ No

37. SBP LEVEL OF COVERAGE (Check one only. Complete UNLESS Option B or Option C was selected in 35 OR Check Box 36.d. or 36.g. was selected. See Instructions. Your base amount will increase by the same rate of increase as your retired pay)

- ☐ a. I ELECT COVERAGE BASED ON FULL GROSS PAY
(If I elected the Career Status Bonus under REDUX or a lump sum of retired pay under the Blended Retirement System (Part II), full gross pay is the amount of retired pay I would have received had I NOT elected the Career Status Bonus or Lump Sum.)
- ☐ b. I ELECT COVERAGE WITH A REDUCED BASE AMOUNT OF
- ☐ c. CSB/REDUX MEMBERS ONLY ☐ I elect coverage based on my actual Reduced Retired Pay Under REDUX.
☐ I understand that this represents a Reduced Base Amount and requires Spouse Concurrence in part V.
(See Instructions)
- ☐ d. I ELECT COVERAGE BASED ON THE THRESHOLD AMOUNT IN EFFECT ON THE DATE OF RETIREMENT.
(Spouse concurrence is required in Part V)

Block 36-37:

- **AGE 60/RRPA Members** – Check only one per block. See Section X and applicable instruction pages of the DD 2656 for additional information. Only complete Block 36-37 if Block 35's election is **Option A**.
- **Regular (AD/AGR/20 year TAFMS) Retirement Members:** Check only one per block. See Section X and applicable instruction pages of the DD2656 for additional information.



*If a member is married and either elects:

- (a) child only SBP coverage,
(b) does NOT elect full spouse SBP coverage
(c) declines SBP coverage

If any of the above apply, then spouse's signature on **Part V Spouse SPB Concurrence** (page 5) is required.



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Step-by-step Instructions (cont.)

38. SPECIAL NEEDS TRUST (Check only if you intend to designate a special needs trust (SNT) as beneficiary for a child/children designated in item 34.e. as disabled. You must elect either 36.b., 36.c., or 36.f. to be eligible to designate an SNT. See DoDI 1332.42 for procedures for designating an SNT.) <input type="checkbox"/> I INTEND TO DESIGNATE AN SNT AS BENEFICIARY FOR THE CHILD OR CHILDREN DESIGNATED AS DISABLED IN ITEM 34. (It is your responsibility to separately submit a written statement of the decision to have the annuity paid to the SNT, an attorney's certification of that SNT, and the name and tax identification number for the SNT)			
39. INSURABLE INTEREST BENEFICIARY (See instructions prior to completing this section - DO NOT complete if you have an ELIGIBLE SPOUSE or FORMER SPOUSE)			
a. NAME (Last, First, Middle Initial)	b. SSN	c. DATE OF BIRTH (YYYYMMDD)	d. RELATIONSHIP
e. STREET (Include apartment number)	f. CITY	g. STATE	h. ZIP CODE
i. TELEPHONE (Incl. area code)	j. EMAIL ADDRESS		
40. FORMER SPOUSE INFORMATION (Complete only if you have a former spouse)			
a. NAME (Last, First, Middle Initial)	b. SSN	c. DATE OF BIRTH (YYYYMMDD)	d. DATE OF DIVORCE (YYYYMMDD)
e. DATE OF MARRIAGE TO FORMER SPOUSE (YYYYMMDD)	f. TELEPHONE (Incl. area code)	g. EMAIL ADDRESS	
h. HAS YOUR FORMER SPOUSE REMARRIED? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Block 38: Check only if you intend to designate a special needs trust (SNT) as beneficiary for a child/children in item 34e. You must either elect 36b, 36c or 36f to be eligible to designate an SNT. See DoDI 1332.42 for procedures for designating an SNT.

Block 39a-j: See the applicable instructions page of DD2656 prior to completing this section. **DO NOT** complete if you have an **ELIGIBLE SPOUSE** OR **FORMER SPOUSE**.

Block 40a-f: Complete **only** if you have a former spouse.



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Step-by-step Instructions (cont.)

SECTION XI - CERTIFICATION			
41. MEMBER (DATE SIGNED must be before the date of retirement listed in Part I, Section I, Item 4) Under penalties of perjury, I certify that the number of claim dependents stated is accurate to my knowledge and does not exceed the number to which I am entitled, and that all statements on this form are made with full knowledge of the penalties for making false statements (18 U.S.C. §287 and §1001) of not more than a \$10,000 fine, or 5 years in prison, or both. Also, I understand that if I am married and I elected less than full SBP coverage for my spouse, with the exception of a former spouse or former spouse and child election, I will need my spouse's notarized concurrence signed no earlier than the date of my signature and prior to the date of my retirement; otherwise, by law, I will automatically be covered at the maximum spouse coverage.			
a. NAME (Last, First, Middle Initial)	b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)	
42. WITNESS (This cannot be a spouse or dependent child or any other beneficiary listed on this form or anyone under the age of majority) Witness date MUST match the member's date.			
a. NAME (Last, First, Middle Initial)	b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)	
d. RELATIONSHIP TO THE RETIRING MEMBER			
e. ADDRESS	f. CITY/BASE OR POST	g. STATE	h. ZIP CODE

PART IV-CERTIFICATION

Block 41a-c: Member's Name, Signature, and Date Signed is **required**. DFAS will not accept a DD2656 That is not signed by the member.

Block 42a-h: Witness signature is **required** and must be dated on the same date the member signs the form. A witness is anyone that is **NOT** the current spouse or beneficiary listed in Sections V, IX, or X.

The witness can be anyone who does NOT have an insurable interest. It does NOT have to be a notary public. Forms cannot be signed more than a year out from the requested retirement date.



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Step-by-step Instructions (cont.)

SECTION XII - SBP SPOUSE CONCURRENCE		
43. SPOUSE I hereby concur with the Survivor Benefit Plan election made by my spouse. I have received information that explains the options available and the effects of those options. I know that retired pay stops on the day the retiree dies. I have signed this statement of my own free will.		
a. NAME (Last, First, Middle Initial)		
b. TELEPHONE (Incl. area code)		c. EMAIL ADDRESS
d. SIGNATURE	e. DATE SIGNED (YYYYMMDD)	
44. NOTARY WITNESS (Please stamp using a notary seal)		
On this <input type="text"/> day of <input type="text"/> 20 <input type="text"/> , before me, the undersigned notary public, personally appeared (Name of Spouse in Item 43.a.) <input type="text"/>		
provided to me through satisfactory evidence of identification, which were <input type="text"/>		
to be the person whose name is signed in Item 43.a. of this document in my presence.		
Signature of Notary <input type="text"/>	My Commission Expires <input type="text"/>	NOTARY SEAL
PART V-SPOUSE CONCURRENCE		
<p>Block 43a-e: Spouse's signature is only required if any of the mentioned conditions exist On Block 36/37:</p> <p>(a) Child <u>only</u> SBP coverage,</p> <p>(b) <u>Does NOT</u> elect <u>full spouse SBP coverage</u></p> <p>(c) <u>Declines</u> SBP coverage</p> <p>Spouse's notarized signature in Block 43d "<u>MUST NOT</u>" be before the date of the member's Signature on Block 41c, or on or after the date of retirement listed in Part I, Section 1, Block 4.</p> <p>Block 44: Notary witness information is required only if SBP Concurrence is required.</p>		



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DD2656 Common Errors/Issues

- **Block 4: Incorrect Retirement/Transfer Date**

- Do NOT enter:

- Date of Birth
 - Reserve Retirement Date
 - 1st of Month date (unless that is your actual 60th birthday/Confirmed RRPA date)

- **Block 7:**

- Should be for:

- (b) RESERVE COMPONENT
 - (2) NON-REGULAR RETIRMENT

7. MEMBER OR FORMER MEMBER OF THE	
<input type="checkbox"/>	a. REGULAR COMPONENT
<input checked="" type="checkbox"/>	b. RESERVE COMPONENT
<small>(all members of the Reserves and National Guard including Active Guard/Reserve and Full-Time Support)</small>	
<input type="checkbox"/>	(1) REGULAR RETIREMENT
<input checked="" type="checkbox"/>	(2) NON-REGULAR RETIREMENT

- **Block 35:**

- **MUST** match what you elected when you reached 20 satisfactory years of service
 - If member elected to “Withdraw” during open season:
 - Leave blocks 35-37 BLANK and provide withdraw forms with DD2656



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DD2656 Common Errors/Issues (cont.)

- **Block 41: Member's signature**
 - Can be done either electronically or with pen/ink
 - Electronic signatures **MUST** have a date/time stamp to be considered valid
- **Block 42:**
 - Can **NOT** be signed by spouse/insurable interest
 - Can be done either electronically or with pen/ink
 - Electronic signatures **MUST** have a date/time stamp to be considered valid

- **Acceptable/Valid:**

b. SIGNATURE	
BOR [REDACTED]	Digitally signed by BOR [REDACTED] Date: 2023.11.27 08:54:19 -05'00'
b. SIGNATURE	
<i>Tammy J. McGee</i>	
b. SIGNATURE	
Daniel [REDACTED]	Digitally signed by Daniel [REDACTED] Date: 2023.06.25 21:46:15 -04'00'

- **NOT Acceptable/Valid:**

b. SIGNATURE
<i>Sarah Marshall</i>
b. SIGNATURE
<i>R. Duke</i>
b. SIGNATURE
<i>Bill Toon</i>



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How to submit a DD Form 2656

- **DD2656's must be submitted in an application thru myFSS.**
- **To submit a retirement application:**

1. Log into myFSS (Link: <https://myfss.us.af.mil>)
2. Complete/Sign DD Form 2656 (Age 60/RRPA and Regular Retirements only)
3. Click on "myRetirements"
4. Click on "ARC Retirements"
5. Select "Begin Application Process"
6. Read "Pre-Application Information"
7. Select "Application Information" and select applicable "Retirement Type"

NOTE: the retirement date in the myFSS application must match the date in Block 4 of the member's DD Form 2656.

- 60th birthday
- Confirmed RRPA date
- Requested Regular Retirement date (must be 1st of the month)



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Website/References/Questions

Additional information can be found in the myFSS knowledge articles:

<https://myfss.us.af.mil/USAFCommunity/s/knowledge-detail?pid=kA083000000018SCAQ>

Policy references:

- Title 10 U.S.C, Ch. 73, Subchapter II
- Title 10 USC § 1405-*Years of service*
- Title 10 USC § 12733-*Computation of retired pay: computation of years of service*
- DAFI 36-3203: *Service Retirements*
- AFMAN 36-2604: *Service Dates and Dates of Rank*
- DD Form 2656; dtd. Mar 2022 https://www.esd.whs.mil/directives/forms/dd2500_2999/