

RETIRED ALLOTMENT AUTHORIZATION FORM

Employee ID	Name (Last, First, MI)	Rank/Rate
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PURPOSE: Use this form to start, stop, or change an allotment and to report a change of address to an allotment

Purpose of request:

First Allotment	<input type="checkbox"/>	Start Allotment	<input type="checkbox"/>	Stop Allotment	<input type="checkbox"/>	Change Allotment	<input type="checkbox"/>	Change of Allotment Address		
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Blanket Code (If known): Start Amount: Month of First Deduction: For payment dated:	Stop Amount: Month of Last Deduction:	(Applies to Stops & Changes) Enter allotment title/name from pay slip:
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ALLOTMENT TYPE Enter type of allotment (B, D, H, I, L, M, N, O, S, T, or X) from table on reverse of this form:

ELECTRONIC FUNDS TRANSFER (EFT) INFORMATION Complete if allotment is to be paid by EFT

Type of Account	<input type="checkbox"/> Savings	<input type="checkbox"/> Checking	
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Allotee Name:

(person/company who will receive allotment)	
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Routing Transit Number (RTN)

(can be obtained from the financial institution or found on the bottom of a check or deposit slip)

Account Number	
Account Title	
Financial Institution Name	(Account Holder's Name)

Purpose of request:

Second Allotment	<input type="checkbox"/>	Start Allotment	<input type="checkbox"/>	Stop Allotment	<input type="checkbox"/>	Change Allotment	<input type="checkbox"/>	Change of Allotment Address		
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Blanket Code (If known): Start Amount: Month of First Deduction: For payment dated:	Stop Amount: Month of Last Deduction:	(Applies to Stops & Changes) Enter allotment title/name from pay slip:
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ALLOTMENT TYPE Enter type of allotment (B, D, H, I, L, M, N, O, S, T, or X) from table on reverse of this form:

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Type of Account	<input type="checkbox"/> Savings	<input type="checkbox"/> Checking	
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Allotee Name:

(person/company who will receive allotment)	
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Routing Transit Number (RTN)

(can be obtained from the financial institution or found on the bottom of a check or deposit slip)

Account Number	
Account Title	
Financial Institution Name	(Account Holder's Name)

Table of Rules

Code	Limit	Type	Use
B	1	TreasuryDirect	Payable to a TreasuryDirect account you have established at www.treasurydirect.gov , for purchasing Treasury bonds/securities. In the ELECTRONIC FUNDS TRANSFER blocks above, show: *Type of Account: Savings * Allotee Name: TREASURYDIRECT * Routing Transit Number (RTN): 051736158 *Account Number: Your TreasuryDirect account number (without hyphens) *Account Title: Name on your TreasuryDirect account *Financial Institution Name: Bureau of Public Debt
S	Two	Savings	Payable to any financial institution, other than a finance company, provided the institution is capable of receiving payment through Electronic Fund Transfer (EFT).
H	One	Mortgage	Payable for loans for the purchase of a home, mobile home or trailer used as a residence by the retiree.
N	One	NSLI	National Service Life Insurance premiums.
L	No Limit	Loan	Payable ONLY to Coast Guard Mutual Assistance or morale fund offices and the allotment MUST have a stop date.
T	No Limit	Indebtedness	Payable to IRS or other Government agency and MUST have a stop date.
D	No Limit	Dependent	Support of dependents, including a former spouse.
I	No Limit	Insurance	Payable to any insurance company for payments of insurance premiums for the life of the retiree or retiree and family.
I	One	VGLI	Payable to the Office of Servicemember's Group Life Insurance (OSGLI) for Veterans Group Life Insurance. This allotment cannot be started through PPC--it must be started through OSGLI, Newark, NJ, ☎1-800-419-1473
M	One	Insurance	Payable to the Navy Mutual Aid Association.
O	One	AAFES	Army Air Force Exchange Service DPP Program
X	No Limit	Dues	Payable to CPOA, CWOA, Academy Alumni Association, Coast Guard Foundation, Naval Aviation Museum Foundation, and CGHQ Mutual Assistance Campaign.

Privacy Act Statement

In accordance with 5 USC section 552a(e)(3), the following information is provided to you when supplying personal information to the U.S. Coast Guard:

AUTHORITY: 37 U.S.C. 101 et seq; E.O. 9397, November 1943 (SSN).

PRINCIPAL PURPOSES: To permit starts, changes, or stops to allotments. To maintain a record of allotments and ensure starts, changes, and stops are in keeping with member's desires.

ROUTINE USES: Information may be disclosed to Congress; allottees; Secret Service; General Accounting Office; Federal, State, and local courts; U.S. Treasury; and to the Department of Justice in some cases for criminal prosecution, civil litigation, or investigative purposes.

DISCLOSURE: Voluntary; however, failure to provide the requested information as well as the SSN may result in the member not being able to start, change, or stop allotments. The furnishing of SSNs is required by the regulations governing Department of Treasury Circular, Public Debt Series No. 3-80 (31 CFR 353). Other information requested by this form is also required under the above regulations to establish the rights, authority and/or entitlement of the signers. Failure to furnish any of the required information may prevent completion of the transaction.

FAX to PPC (RAS) at (785) 339-3770

You can also mail to:

Commanding Officer (RAS)
U. S. Coast Guard Pay & Personnel
Center
444 S E Quincy St.
Topeka, KS 66683-3591

Your Signature

Date:

Your E-Mail Address (optional):

For PPC Use Only

Action Completed:

Date: _____

Initials: _____