

DEPARTMENT OF HOMELAND SECURITY
U.S. COAST GUARD
RESERVE RETIREMENT TRANSFER REQUEST

SECTION I - COMPLETED BY MEMBER

Complete Blocks 1 - 17 & submit this form at least 100 days prior to desired transfer date. *Please Print or Type*

| | | | | |
|--|----------------|--|--|--|
| 1. Name (Last, First, M.I.) | 2. Employee ID | 3. Date of Birth | 4. Rank/Rate | 5. Date of Rank (DOR) |
| 6. Permanent Duty Station & OPFAC/Department ID Unit: OPFAC: _____ Department ID: _____ | | 7. Current Home Address (Street, Apt #, City, State, Zip) Address Change Requested? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 8. I Request Transfer to the Following Retired Status <input type="checkbox"/> RET-2 (Retired Awaiting Pay) on: _____ <i>*Retirements must be requested for the 1st day of a month*</i> <input type="checkbox"/> RET-1 (Retired With Pay) on my 60th Birthday <input type="checkbox"/> Early RET-1 - I request calculation to retire prior to age 60 <i>*Only qualifying active duty performed on or after 20 January 2008. Earliest retirement age is 50*</i> | | 9. I plan to drill/have drilled on the following dates and status (NOTE: No Drills or ADT will be authorized or approved after the Effective Date of Transfer.) | | |
| | | Dates | ADT - AT/ADOS - AC/etc | |
| | | | | |
| | | | | |
| If you have 30 years of Total Qualifying Service and desire a Presidential Letter of Appreciation, enclose the memo request along with this form. | | | | |
| 10. Expiration of Enlistment Date (if known) | | 11. Highest Paid Paygrade Held | | |
| 12. Home Telephone Number: Work Telephone Number: Primary E-Mail Address: | | If you HAVE NOT received your "20" year Satisfactory Service Letter, ensure you meet the requirements for retirement prescribed in Chapter 8 of the Reserve Policy Manual COMDINST M1001.28 | | Was 20 Year Letter Issued? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Issued: |
| 13. <input type="checkbox"/> Yes, I Do wish to have a retirement ceremony (See <i>Instructions page for details</i>). Date of Ceremony: _____ <input type="checkbox"/> No, I Do Not want a retirement ceremony. | | 14. I (<input type="checkbox"/> DO <input type="checkbox"/> DO NOT) have a spouse. My Spouse's Name on her/his certificate of appreciation should read: | | |
| 15. I understand the opportunity to transfer benefits under the Post 9/11 GI Bill (if eligible) to a dependent terminates upon transfer to RETIRED status. I also understand MGIB-SR terminates when a member separates or retires. I understand that transfer to RET status will impact benefits such as TRICARE Reserve Select (TRS), Service Group Life Insurance (SGLI) and education assistance provided through the Department of Veterans Affairs. (enlisted only) I understand I will no longer be eligible to advance or participate in Service Wide Exams (SWE). | | | | |
| 16. Member's Signature | | 17. Date | NOTE All IDT, ADT-AT, correspondence points, ADOS, etc...must be finalized in Direct Access prior to transfer to RET-2 status. | |

SECTION II - RECOMMENDATION

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|--|--|---|-----------|
| 18. Command Recommendation | <input type="checkbox"/> Approved for transfer to: <input type="checkbox"/> RET-2 <input type="checkbox"/> RET-1 | <input type="checkbox"/> Disapproved for transfer to: <input type="checkbox"/> RET-2 <input type="checkbox"/> RET-1 | Reason |
| | Supervisor Name, Rank, & Title | | Date |
| | Signature | | |
| Unit POC E-Mail Address (for acknowledgment receipt of this form. PPC (RAS) will send acknowledgment receipt only if you supply an E-Mail Address) | | | |
| 19. DXR Recommendation | <input type="checkbox"/> Approved for transfer to: <input type="checkbox"/> RET-2 <input type="checkbox"/> RET-1 | <input type="checkbox"/> Disapproved for transfer to: <input type="checkbox"/> RET-2 <input type="checkbox"/> RET-1 | Reason |
| | Name, Rank, & Title | | Date |
| | Signature | | |
| 20. CG PSC-RPM Approval | <input type="checkbox"/> Approved for transfer to: <input type="checkbox"/> RET-2 <input type="checkbox"/> RET-1 | <input type="checkbox"/> Disapproved for transfer to: <input type="checkbox"/> RET-2 <input type="checkbox"/> RET-1 | Reason |
| | Highest grade satisfactorily held for placement on retired list and computation of retired pay: _____ | | |
| | Voluntary Retirement: <input type="checkbox"/> Involuntary Retirement: <input type="checkbox"/> | | |
| Name, Rank, & Title | | Date | Signature |



INSTRUCTIONS

| ITEM # | EXPLANATION |
|--------|---|
| 1 | Enter your Full Name (<i>Last Name, First Name, and Middle Initial</i>). |
| 2 | Enter your Employee ID Number. |
| 3 | Enter your Date of Birth. |
| 4 | Enter your Rank or Rate (<i>i.e., LCDR, YN2, BMC, etc...</i>). |
| 5 | Enter your Date of Rank (<i>DOR</i>). |
| 6 | Enter your Permanent Duty Station (<i>including staff symbol</i>) (<i>i.e., STA Rockland, Sector Houston, etc...</i>) and OPFAC/Department ID. |
| 7 | Enter your Current Home Address (<i>Street, Apt #, City, State, Zip</i>). Check box if desire to have your mailing address changed to address indicated in block 7. |
| 8 | Indicate what type of retirement transfer you are requesting. For Transfer to RET-2 status, indicate the effective month and year. All retirements must be requested for the first of a month. <u>Early Retirement</u> : If requesting early RET-1 calculations, the form will be sent to PPC Topeka for service validation. A qualified reservist may elect to receive retired pay prior to age 60. However, he or she will not be eligible for a retired military identification card (<i>blue</i>) or retiree medical benefits until reaching age 60. |
| 9 | Enter Planned Dates of Drills or ADT you will complete prior to your effective retirement transfer date. |
| 10 | Enter your Current Expiration of Enlistment Date (<i>enlisted personnel only</i>). If your EOE expires prior to the date of requested transfer, see your unit P&A staff to extend EOE. |
| 11 | Enter your Highest Paid Paygrade Held. |
| 12 | Enter your Home and Work Telephone Numbers and your Primary E-Mail Address. |
| N/A | Confirm if you have received your "20" Year Satisfactory Service Letter. Enter the Date received. |
| 13 | Indicate if you desire a Retirement Ceremony and its effective Date. If yes, contact your P&A staff to coordinate date, location, and details for your Retirement Ceremony. |
| 14 | Enter your spouse information for spouse certificate of appreciation (<i>if you have a spouse</i>). |
| 15 | <u>Enter Initials Acknowledging</u> : The opportunity to transfer benefits under the post 9/11 GI Bill (<i>if eligible</i>) to a dependent closes upon retirement. MGIB-SR terminates when a member separates or retires. <u>Enter Initials Acknowledging</u> : Transfer to RET status will impact benefits such as TRICARE Reserve Select (<i>TRS</i>), Service Group Life Insurance (<i>SGLI</i>), and education assistance provided through the Department of Veteran Affairs. <u>Enter Initials Acknowledging</u> : (<i>enlisted personnel only</i>) Transfer to RET status will make member no longer eligible to advance or participate in Service Wide Exams (<i>SWE</i>). |
| 16 | Sign the form. |
| 17 | Date the form. |
| 18 | Command Recommendation. |
| 19 | DXR Recommendation. |
| 20 | CG PSC-RPM Approval. |

After Command and DXR Recommendation, E-Mail your change form to: HQS-SMB-CGPSC-RPM-1-Status@uscg.mil

PRIVACY ACT STATEMENT

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

Authority - 10 USC Section 12731.

Principal Purpose(s) - Used to indicate a member's retirement plans.

Routine Uses - In addition to those disclosures generally permitted under 5 U.S. C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DHS as a routine use pursuant to 5 U.S. C. 552a(b)(3) as follows: The Routine Uses published in the United States Coast Guard Military Pay and Personnel system of records notice applies (DHS/USCG-014.)

Disclosure - Disclosure of this information is voluntary, although without disclosure the member's career intentions may not be known which may cause document and pay processing problems.