

CLAIM FOR FINAL RETIRED PAY

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| 1. Name, Rank, and Employee ID Number of Deceased Retiree , , | 2. Date of Retiree's Death | 3. Date of Claim |
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4. By signature below, I certify that all statements on this claim are true to the best of my knowledge, information and belief. I certify that no evidence to the settlement of this claim has been suppressed or withheld. I understand that any false statement on this claim, or any misrepresentation relative thereto, is a violation of the law punishable by fine of not more than \$10,000 or imprisonment of not more than 10 years or both (32 Statute 197; 18 U.S.C. 10).

IF SUBMITTING THIS CLAIM AS A SURVIVING SPOUSE I certify that I was married to the deceased at the time of death. Such marriage had not been dissolved prior to his/her death.

IF SUBMITTING THIS CLAIM AS LEGAL REPRESENTATIVE/EXECUTOR/ADMINISTRATOR I certify that I have been duly appointed in this capacity and such appointment is still in full force and effect. A court certificate evidencing my appointment is attached.

IF SUBMITTING THIS CLAIM AS THE PERSON PAYING THE FUNERAL EXPENSES I have attached a copy of the funeral bill.

| Name and Social Security Number | Age | Relationship to Deceased | Address and Telephone Number | Signature |
|---------------------------------|-----|--------------------------|------------------------------|-----------|
| | | | () - | |
| | | | () - | |
| | | | () - | |
| | | | () - | |
| | | | () - | |

Read the Privacy Act Statement on the reverse before signing.

An application signed with an "X" must be witnessed (by two disinterested persons) or notarized or countersigned by the person holding power of attorney. A copy of the power of attorney and explanation why the applicant required assistance must also be submitted.

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| | |
| Signature Of Witness | Signature Of Witness |
| Printed Name: | Printed Name: |
| Address: | Address: |
| Telephone Number: () | Telephone Number: () |
| Date: | Date: |

Any "collection of information" as defined in the Paperwork Reduction Act of 1995 (codified at 44 U.S.C. 3501 et seq) on this form has not been approved by the Director of the Office of Management and Budget (OMB) and does not display a valid control number assigned by the Director. Therefore, no person shall be subject to any penalty for failing to comply with any such collection of information."

PRIVACY ACT STATEMENT

Authority: Collection of this information is authorized by: 10 U.S.C. 2771; DOD Financial Management Regulation, Volume 7B, Chapter 30; and E.O. 9397.

Purpose: The purpose in collecting this information is so that a military retiree can designate a beneficiary to receive any retired pay owed upon his or her death.

Routine Uses: The information will be used by the Coast Guard to determine distribution of final pay arrears upon your death.

Disclosure: Disclosure of this information (including your beneficiary's SSN) is voluntary; however, failure to furnish the requested information may delay payment of retired pay arrearages.