

Section IV: DESIGNATION OF BENEFICIARIES FOR UNPAID RETIRED PAY

I hereby designate the following beneficiary(ies) to receive retired pay due and payable at my death. I am aware that under the provisions of 10 U.S.C. 2771 and 4 CFR Part 34, this designation will remain in effect unless canceled or changed by me.

18a. Name (Last, First, Middle Initial), SSN & DOB	18b. Relationship	18c. Address (City, State & ZIP Code)	18d. Telephone (Including Area Code)	18e. Share (Total must equal 100%)
1.				
Social Security Number	Date of Birth			
2.				
Social Security Number	Date of Birth			
3.				
Social Security Number	Date of Birth			
4.				
Social Security Number	Date of Birth			

Section V: CERTIFICATION DATA FOR PAYMENT OF RETIRED PERSONNEL (must be completed)

"I have have not been convicted of any offense involving the National Security (5 U.S.C. 8312)."

"I have have not failed or refused to testify before a Federal Grand Jury, Court of the United States, courts-martial, or congressional committee in connection with any matter endangering the National Security, or defense of the United States or any relationship I have or have not had with a foreign government (5 U.S.C. 8314)."

"I have have not knowingly or willfully remained outside of the United States or its territories or possessions to avoid prosecution (5 U.S.C. 8313)."

"I have have not knowingly or willfully made a false, fictitious, or fraudulent statement or representation, or knowingly and willfully concealed a material fact in an employment application for a civilian or military office or position in or under the Legislative, Executive, or the Judicial branch of Government of the United States or the government of the District of Columbia (5 U.S.C. 8315)."

"I am am not employed by any foreign government, company, educational institution, or other concern which is controlled in whole or in part by a foreign government nor have I made application for such employment and I have not negotiated for such employment. I understand that before I accept such employment I must obtain advance approval from Commandant (CG-1222) (for CG retirees) or NOAA or PHS HQs (for NOAA or PHS retirees) and the Department of State."

"I am am not drawing a pension, retired pay, or disability compensation from the Department of Veterans Affairs (VA), Civil Service Commission, or other Government agency nor have I made application for such benefits."

If you are drawing a VA or civil service pension, retired pay, or disability compensation, or have made application therefore, please provide the name and address of the agency and the monthly amount received (if any) in the space below.

Monthly Amount	Name and Address (Street, City, State and ZIP) of Agency
----------------	--

Section VI: SURVIVOR BENEFIT PLAN (SBP) ELECTION (Complete all blocks)

19. Are you married? Yes No 20. Do you have dependent children? Yes No

21. **FOR Reserve Retiree Only** – Have you elected RCSBP (option B or C) prior to this date Yes No
 IF YES, ATTACH A COPY OF THE ELECTION FORM and skip to Section VIII
 IF NO or elected (option A), complete the remainder of Section VI & VII

22. **Beneficiary Category (ies)**

a. I elect coverage for spouse only. I do do not have dependent children.

b. I elect coverage for spouse and child(ren).

c. I elect coverage for child(ren) only. I do do not have a spouse.

d. I elect coverage for the person named in block 45 who has an insurable interest in me.

e. I elect coverage for the person named in block 39 who is my former spouse.

f. I elect coverage for the person named in block 39 who is my former spouse and dependent child(ren) of that marriage

g. I elect not to participate in SBP. (Blocks 24-27 must be completed even if no coverage elected)

FOR ANY CORRECTIONS/CHANGES A NEW FORM MUST BE COMPLETED PRIOR TO DATE OF RETIREMENT

23. Level of coverage (*do not complete if 22d or 22g was elected above*)

a. I did NOT elect the Career Status Bonus and REDUX. I elect SBP coverage as follows (*choose one*):

I elect coverage based on full gross retired pay.

I elect coverage with a reduced base amount of \$ _____ (*\$300 minimum base amount*).

b. I DID elect the Career Status Bonus and REDUX. I elect SBP coverage as follows (*choose one*):

I elect coverage based on the amount of retired pay I would have received had I NOT elected the Career Status Bonus.

I elect coverage based on my current gross retired pay.

I understand this represents a reduced base amount and requires spousal concurrence.

I elect coverage with a reduced base amount of \$ _____ (*\$300 minimum base amount*). This requires spousal concurrence.

24. Spouse Name (<i>Last, First, MI.</i>)	25. Spouse SSN	26. Spouse Date of Birth	27. Date of Marriage
---	----------------	--------------------------	----------------------

List your dependent child(ren) (*Designate which children resulted from marriage to former spouse, if any*)

28. Name (<i>Last, First, Middle Initial</i>)	29. Relationship	30. Date of Birth	31. SSN	32. *Disabled Child
a.				Yes No
b.				Yes No
c.				Yes No
d.				Yes No

***BLOCK 32 NOTE: Disabled Child** – If yes, provide a current physician's statement dated within 90 days of the date of retirement describing the medical condition and whether it is temporary or permanent and why the condition is considered incapacitating (*e.g. the dependent is unable to take care of basic activities of daily living*).

Section VII: SBP SPOUSAL CONCURRENCE (*Required when member is married and elects child(ren) only coverage, does not elect full spouse coverage, or declines coverage*)

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 date the retiree dies. I understand and acknowledge that I am waiving my statutory right to receive my own annuity (or electing to receive a reduced annuity) for life if my spouse precedes me in death. I also understand and acknowledge that this waiver of my statutory right to receive an annuity (or my election to receive a reduced annuity) is irrevocable. I have signed this statement of my free will.

33. Spouse Signature: _____

38. NOTARY SEAL HERE

34. Subscribed and Sworn to before me in County _____ State _____

35. On Month _____ Day _____, 20 _____

36. My Commission expires the _____ day _____, 20 _____

37. Notary Public (*Signature*) _____

Former Spouse (*Complete ONLY if 22e or 22f was elected above*)

39. Name (<i>Last, First, Middle Initial</i>)	40. SSN	41. Address (<i>Street, City, State and Zip Code</i>)
42. Date of divorce/dissolution of marriage	43. Date of Birth	

44.

a. The election indicated above is being made pursuant to the requirements of a court order Yes No

b. The election indicated above is being made pursuant to a written agreement I previously entered into voluntarily as part of or incident to a preceding of divorce, dissolution, or annulment Yes No

c. The written agreement has been incorporated in, or ratified or approved by a court order Yes No

Insurable Interest (*Complete ONLY if 22d was elected above*)

45. Name (<i>Last, First, Middle Initial</i>)	46. SSN	47. Address (<i>Street, City, State and Zip Code</i>)
48. Date of divorce/dissolution of marriage	49. Date of Birth	

FOR ANY CORRECTIONS/CHANGES A NEW FORM MUST BE COMPLETED PRIOR TO DATE OF RETIREMENT

Section VIII: DECLARATION OF SERVICE

Note: Under the law, you "first became a member" of the Uniformed Services on the date first enlisted, inducted, or appointed. For non-prior service Academy cadets and OCS graduates, it is the date you took the oath of office for entrance into the Academy (for Academy cadets, this is not the date your creditable service for retirement begins) or OCS. For enlisted members who enlisted under the Delayed Entry Program (DEP), it is the date you signed up for the DEP.

50. Date you first became a member of the Uniformed Services <i>(see note above)</i>	51. Date of Current Rank
--	--------------------------

52. PRIOR SERVICE BREAKDOWN (FOR COAST GUARD ACTIVE DUTY, PHS, OR NOAA PERSONNEL ONLY)

FROM			TO			ARMED SERVICE
DAY	MONTH	YEAR	DAY	MONTH	YEAR	

IF YOU ARE A COAST GUARD ACTIVE DUTY RETIREE AND ANY OF THE ABOVE SERVICE WAS IN A RESERVE COMPONENT:

Did you perform reserve drills? Yes No	Number of reserve retirement points earned <i>(attach copies of points statements if available)</i>
--	---

53. Have you ever held a Rank/Rate higher than your current one? Yes No	If yes, what rank did you hold?	When did you hold this rank?
---	---------------------------------	------------------------------

54. Have you ever received severance, separation or readjustment pay from a military service in connection with separation or release from active duty? Yes No	If yes, what amount did you receive?	When did you receive such payment?
--	--------------------------------------	------------------------------------

Section IX: MEMBER'S CERTIFICATION *(member and witness signature and date (must sign on same date) required for start of retired pay)*

Under penalties of perjury, I certify that the number of withholding exemptions claimed 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 provide for a penalty of not more than \$10,000 fine, or 5 years in prison, or both). Also, I have been counseled that I can terminate SBP participation, with my spouse's written concurrence, within one year after the second anniversary of commencement of retired pay. However, if I exercise my option to terminate SBP, future participation is barred.

55. Member's Name <i>(Last, First, Middle Initial)</i>	56. Member's Employee ID Number
--	---------------------------------

57. Member's Signature	58. Date
------------------------	----------

59. Witness Name <i>(Last, First, Middle Initial) (over 18 years old & not a member of your family)</i>	60. Witness Signature
---	-----------------------

61. Witness Address <i>(Street, City, State and Zip Code)</i>	62. Witness Telephone Number	63. Date
---	------------------------------	----------

FOR ANY CORRECTIONS/CHANGES A NEW FORM MUST BE COMPLETED PRIOR TO DATE OF RETIREMENT

Coast Guard, PHS & NOAA Retired Pay Account Worksheet (CG-4700) Instructions

Introduction

Information you provide on the Coast Guard, PHS & NOAA Retired Pay Account Worksheet and Survivor Benefit Plan Election (CG-4700) is used to:

- establish your retired pay account,
- record your Survivor Benefit Plan Election (SBP), and,
- record your spouse's concurrence with the SBP election.

Note: This form is used to start Coast Guard Active Duty Retirement, Coast Guard Reserve Retirement, PHS Retirement, and NOAA Retirement.

Listed below are some problems frequently noted on the CG-4700:

- form not signed where required (Sect. VII & Sect. IX.)
 - form not **notarized** where required (Sect. VII)
 - not signed & witnessed on same date (Sect. VII & Sect. IX.)
 - incomplete or inaccurate state tax request (Sect. III)
 - witnessed by relative. (Sect. IX)
 - current address and phone for contact not provided. (Sect. I.)
-

Instructions for completion of the CG- 4700

Most items on the CG-4700 are self-explanatory.

General instructions for the completion of this form are listed below. If you need any assistance or have any questions regarding the CG-4700, please call PPC (RAS) at 785-339-3415 or at 1-800-772-8724.

Adobe Acrobat

The CG-4700 is designed to be filled out using the Adobe Acrobat software on the Coast Guard Standard Workstation. The form cannot be submitted electronically; it must be printed, signed, and mailed to PPC (RAS).

Continued on next page

Coast Guard, PHS & NOAA Retired Pay Account Worksheet (CG-4700) Instructions, Continued

Part I, Identification and Address

Fill out this section completely.

Item 1a – Enter retirement date

Item 1b – Enter branch of service you are retiring from

Item 1c – Enter complete name (Last, First, Middle Initial)

Item 2 – Provide both your rank and paygrade (e.g., CDR/O5, MK1/E-6).

Item 3 – Enter Employee ID Number

Item 4 – Enter your Date of Birth

Item 5 – Enter the mailing address desired for the Coast Guard, PHS & NOAA Retiree/Annuitant Statement, Federal Tax Withholding Statements, and the Retiree Newsletter.

Item 6 – Enter telephone number for work and home (if available)

6a – Provide your home and business email addresses so we can contact you in case telephone contact can't be established.

Part II, Pay Delivery

Delivery of your retired pay by direct deposit is mandatory (Public Law 104-134). Waivers may be granted when it is determined it would be in the best interest of both the individual and the Coast Guard. Mark block 7a if you want to use the same account that is used for your current active/reserve pay. Mark block 7b if you want your retired pay deposited in a different account. You can provide the banking information by completing blocks 8, 9, 10 & 11 or by attaching a voided check or savings deposit slip (Note check with the financial institution to be sure the routing transit number (RTN) on your check/deposit slip is the one used for direct deposit. Your check/deposit slip may show the RTN for you're the branch where your account was opened, which is not always the RTN needed for direct deposit payments.

- Attach a copy of your LES/eLES (Direct Access View My Paycheck page), if continuing direct deposit to the same account as used for your active duty pay.
-

Continued on next page

Coast Guard, PHS & NOAA Retired Pay Account Worksheet (CG-4700) Instructions, Continued

Part III, Tax Withholding Information

Item 14 – If you would like us to withhold an additional \$\$ amount in Federal Tax Withholding you must enter whole dollar amounts here. (i.e., \$10.00)

Item 15 – If exempt status is claimed you must submit the current year's IRS Form W-4 at the beginning of each year.

Item 16 – The table below specifies whether PPC (ras) can or cannot withhold taxes for each state or territory listed. This does not mean that all these states tax retired pay. For example, Kansas does not tax military retired pay; however, if a member wants Kansas state tax withheld from his/her pay, we can withhold it because we have an agreement with them.

Item 17 – If you select a designated state to receive taxes from the list below, you must enter a dollar amount in this block. If there is no dollar amount entered, we will not take out any taxes. This amount must be in whole dollars but not less than \$10.00.

State	Y-N	State	Y-N	State	Y-N
Alabama (AL)	Yes	Kentucky (KY)	No	Ohio (OH)	Yes
Alaska (AK)	No	Louisiana (LA)	Yes	Oklahoma (OK)	Yes
Arizona (AZ)	Yes	Maine (ME)	Yes	Oregon (OR)	Yes
Arkansas (AR)	Yes	Maryland (MD)	Yes	Pennsylvania (PA)	No
California (CA)	Yes	Massachusetts (MA)	Yes	Puerto Rico (PR) - U.S. Territory	No
Colorado (CO)	Yes	Michigan (MI)	No	Rhode Island (RI)	Yes
Connecticut (CT)	Yes	Minnesota (MN)	Yes	South Carolina (SC)	Yes
Delaware (DE)	Yes	Mississippi (MS)	Yes	South Dakota (SD)	No
District of Columbia (DC)	Yes	Missouri (MO)	Yes	Tennessee (TN)	No
Florida (FL)	No	Montana (MT)	Yes	Texas (TX)	No
Georgia (GA)	Yes	Nebraska (NE)	Yes	Utah (UT)	Yes
Guam (GU) - U.S. Territory	No	Nevada (NV)	No	Vermont (VT)	Yes
Hawaii (HI)	No	New Hampshire (NH)	No	Virgin Island (VI) - U.S. Territory	No
Idaho (ID)	Yes	New Jersey (NJ)	Yes	Virginia (VA)	Yes
Illinois (IL)	No	New Mexico (NM)	Yes	Washington (WA)	No
Indiana (IN)	Yes	New York (NY)	Yes	Wisconsin (WI)	Yes
Iowa (IA)	Yes	North Carolina (NC)	Yes	West Virginia (WV)	Yes
Kansas (KS)	Yes	North Dakota (ND)	Yes	Wyoming (WY)	No

Note: State withholding agreements are subject to change at any time. See: <http://www.dfas.mil/retiredmilitary/manage/taxes/sitw.html> for the latest updates.

Continued on next page

Coast Guard, PHS & NOAA Retired Pay Account Worksheet (CG-4700) Instructions, Continued

Part IV, Designation of Beneficiaries for Unpaid Retired Pay

This information is used to establish your beneficiaries for any unpaid retired pay due to you at the time of your death.

Item 18a-e: Enter the name(s) of those you designate to receive unpaid retired pay. Include their Social Security number, their date of birth, their relationship to you, their address and their phone number. If more than one person is entered, indicate the percentage of your pay each is to receive.

The share must equal 100 percent.

You cannot designate a trust to receive your final retired pay due, but you can designate the trustee as the final pay recipient, for example, "John W. Doe, Trustee."

If your beneficiary changes notify PPC (RAS) immediately.

Part V, Certification Data for Payment of Retired Personnel

This information is used to identify conditions that may affect your retired pay.

Note: Retirees, who go to work for a foreign government, or a company, educational institution, or other concern controlled/owned in whole or in part by a foreign government, forfeit their retired pay unless they obtain prior employment approval from the Departments of State and Homeland Security.

Part VI, Survivor Benefit Plan Election

The Survivor Benefit Plan will provide a monthly income for a retiree's survivors after his/her death. If a retiree does not elect SBP coverage, upon his/her death, survivors will not be entitled to any money from the Coast Guard, PHS or NOAA, other than unpaid retired pay.

Very Important - The retiree must elect whether to participate in SBP prior to actual retirement date. The retiree must also select which survivors will be covered. This also applies to personnel being immediately Recalled on the first date of retirement. Failure to submit the CG-4700 prior to first date eligible to receive retired pay will result in automatic maximum SBP coverage.

Detailed information required for making an SBP election can be obtained by attending a Military Pre-Retirement seminar or by reading Chapter 3 of the Retirement Package (<http://www.uscg.mil/ppc/ras/retpack.pdf>).

Continued on next page

Coast Guard, PHS & NOAA Retired Pay Account Worksheet (CG-4700) Instructions, Continued

Part VI, Survivor Benefit Plan Election

(continued)

Remember to change your SBP if you get a divorce, remarry, or your beneficiary has deceased. **You will have only 1 year to change the election and it is irrevocable if the change is not made within that time period.**

Item 21 – FOR RESERVE RETIREE ONLY – If you elected options B or C under the Reserve Component Survivor Benefit Plan (RCSBP) you DO NOT have to complete Section VI. Provide a copy of the previous RCSBP election with your CG-4700 worksheet.

If you previously deferred your RCSBP election until age 60 (option A) you MUST complete Section VI.

Items 22e and 22f – If electing coverage for a former spouse pursuant to a court order or property settlement; provide a copy of the court order or property settlement.

Item 32 – If child is disabled, attach a medical statement, signed by a physician, indicating when disability started and if disability is permanent or temporary.

Part VII, SBP Spousal Concurrence

Your decision concerning participation in SBP will have a direct impact on your spouse. If you elect not to participate, or to participate at less than the maximum level, your spouse must be notified of your decision and complete this section of the form. Your spouse's endorsement must be **notarized**.

Note: If you and your spouse are not collocated, your commanding officer must send a letter of notification/concurrence to your spouse in accordance with section 3-B-23 (Checklist for Retirement) of the Pay and Personnel Procedures Manual, PPCINST M1000.2 (series).

Part VIII, Declaration of Service

This section is used to obtain information concerning any prior service you have had which may affect the computation of your retired pay.

- Complete all items that are applicable.
 - **Item 52 – For Coast Guard Active Duty Retirees ONLY.** If you have prior service in a reserve component, attach to this form copies of point statements (or other documentation), which substantiate reserve retirement points you have previously earned.
-

Part IX, Member's Certification

Item 57 – 63: Your signature must be witnessed by someone over the age of 18 who is not a member of your family. This is required for retired pay to begin.
