DEPARTMENT OF TRANSPORTATION
US COAST GUARD
CG HRSIC-1884 (Rev 03/01)

APPLICATION FOR ANNUITY UNDER THE SURVIVOR BENEFIT PLAN (SBP), RESERVE COMPONENT SURVIVOR BENEFIT PLAN (RCSBP), RETIRED SERVICEMAN'S FAMILY PROTECTION PLAN (RSFPP) AND/OR FINAL RETIRED PAY DUE

Privacy Act Statement

Authority:	Public Law 92-425/10 USC 2771.
Purpose/Use:	To establish and compute pay of annuitants and payment of final retired pay.
Disclosure	Disclosure of this information is voluntary, but without disclosure, an annuity and/or final retired pay will not be paid.

Part A – Information About The Deceased Member

1. Name (Last, First, Middle Initial)	2. Social Security Number	3. Date of Death

Part B -- Surviving Spouse/Former Spouse, Insurable Interest Information

4. Name (Last, First, Middle Initial)	5. Social Security Number	6. Date of Birth

7. Telephone Number: ( )	8. Correspondence Mailing Address (including zip/postal code):	9. What is your country of citizenship?

10. Were you legally married to the deceased at the time of death? ☐ **Yes** ☐ **No**

a. *If yes, provide,* Place of Marriage:	b. Date of Marriage:

11. If former spouse, have you remarried? *(If yes, provide place and date of remarriage)* ☐ **Yes** ☐ **No**

a. Place of Remarriage:	b. Date of Remarriage:

12. Are you receiving a survivor annuity on behalf of any other deceased military member? ☐ **Yes** ☐ **No**

(If yes, provide deceased member's name, social security number, branch of service and monthly amount below)

a. Name of Deceased Member	b. Social Security Number:	c. Branch of Service:	d. Amount:

Part C -- Eligible Children of the Deceased Under the Age of 23 or Incapable of Self-Support

13a. Name:		13f. Name, Address, Relationship and Telephone Number of Custodian
13b. Social Security Number:	13c. Date of Birth:	
13d. Marital Status:	13e. Full-Time Student ? ☐ Yes ☐ No	( )
14a. Name:		14f. Name, Address, Relationship and Telephone Number of Custodian:
14b. Social Security Number:	14c. Date of Birth:	
14d. Marital Status:	14e. Full-Time Student ? ☐ Yes ☐ No	( )
15a. Name:		15f. Name, Address, Relationship and Telephone Number of Custodian:
15b. Social Security Number:	15c. Date of Birth:	
15d. Marital Status:	15e. Full-Time Student ? ☐ Yes ☐ No	( )

Part D -- Guardian Information

16. Has a guardian been appointed by a court for any of the named survivors in Part B or C? ☐ Yes ☐ No
If yes, provide a copy of the court order.

Part E -- Direct Deposit Information

17a. [ ] Continue direct deposit to the same account used for member's retired pay. (Continue to Part F)

17b. [ ] Direct deposit account shown below. (Complete blocks 18 through 19b or attach a blank voided check)

18. Type of Account: [ ] Checking [ ] Savings

19a. Routing Transit Number (RTN) | | | | | | | | | Check Digit

19b. Account Number _____

Part F -- Federal Income Tax Withholding Information

20. ☐ I do not want any federal tax withheld from my annuity. (Continue to Part G)

21. Marital Status (check one): **[ ] Single, [ ] Married** or **[ ] Married but withhold at higher single rate**

22. Total No. of Exemptions Claimed _____

23. Additional Withholding (optional) $_____

Part G -- Affidavit and Signature

24. 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 a fine of not more than $10,000 or imprisonment of not more than 10 years or both (32 Stat. 197; 18 U.S.C 10).

I understand under the law, I cannot receive both a CG or NOAA Annuity and Dependency & Indemnity Compensation (DIC) in full amounts from the same retiree. I am only entitled to the amount of the CG or NOAA annuity that exceeds the DIC spouse payment. If any overpayments of CG or NOAA benefits occur, I authorize the Department of Veteran Affairs to repay the Coast Guard the Amount of the overpayment from the DIC payments to which I may become entitled.

24a. Date:	24b. Signature of Applicant:
	_____

WITNESSES REQUIRED ONLY IF SIGNATURE OF APPLICANT IS MADE BY "X" MARK ABOVE.

An annuitant whose application is 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 annuitant required assistance must also be submitted

25. (PRINT) Witness Name (Last, First, MI)	25a. Witness Signature	
25b. Witness Address (Street, City, State and Zip Code)	25c. Witness telephone number ( )	25d. Date
26. (PRINT) Witness Name (Last, First, MI)	26a. Witness Signature	
26b. Witness Address (Street, City, State and Zip Code)	26c. Witness telephone number ( )	26d. Date