Clear Form

Survivor Benefit Plan Questionnaire

Survivor Benefit Plan (SPB) is the only way your survivors can receive a portion of your military retired pay. In accordance with Federal law, all retiring Soldiers must complete DD Form 2656 (Data for Payment for Retired Personnel) and make an SPB election prior to retirement. Upon receipt of your retirement orders, schedule your SBP appointment NLT 60 days prior to your reporting date to the Transition Center or Retirement Date.

Family Member Information:

Spouse	Full Name:	Date of Birth:
	Date of Marriage:	Place of Marriage (City, State):
	Primary Language:	
Child (Under age of 22)	Full Name:	Date of Birth:
	Relationship to Soldier:	Is child disabled?: ◯ Yes ◯ No
Child (Under age of 22)	Full Name:	Date of Birth:
	Relationship to Soldier:	Is child disabled?: ◯ Yes ◯ No
Child (Under age of 22)	Full Name:	Date of Birth:
	Relationship to Soldier:	Is child disabled?: ◯ Yes ◯ No

For additional dependents use separate blank sheet.

- Mailing Address AFTER retirement. This will be used for DFAS. (Leave blank if unknown)

  _____

  _____

- Did you elect the CSB/Redux retirement option at your 15-year mark and received the $30K payment: **YES** ◯ **NO** ◯

- Have you received any of the following payment? **YES** ◯ **NO** ◯
  - ☐ Severance Pay (SE)
  - ☐ Readjustment Pay (RE)
  - ☐ Separation Pay (SP)
  - ☐ Voluntary Separation Incentive (VSI)
  - ☐ Special Separation Bonus (SSB)

- Federal Income Tax Withholding Information: Number of exemptions Claimed: _____
  - ☐ Single
  - ☐ Married
  - ☐ Married but withhold at higher single rate

- Have you received any of the following Significant Awards? **YES** ◯ **NO** ◯
  - ☐ Distinguished Flying Cross
  - ☐ USAF Cross
  - ☐ Soldiers Medal
  - ☐ Distinguished Service Cross
  - ☐ Medal of Honor
  - ☐ USN Cross

- Personal Email Address (for DFAS): _____

Acknowledgement Statement

I understand that it is my responsibility to schedule a Survivor Benefit Plan appointment upon the receipt of my Retirement orders NLT 60 days prior to my report date to the Transition Center or retirement date. Failure to complete DD Form 2656 may result in delayed retired pay and enrollment into SBP at full cost.

_____ _____

Print Rank/Name Phone Number

_____ _____

Signature Date