

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

Severance Pay (SE)	Voluntary Separation Incentive (VSI) Special
Readjustment Pay (RE)	Separation Bonus (SSB)
Separation Pay (SP)	

- Federal Income Tax Withholding Information: Number of exemptions Claimed:

Single	Married	Married but withhold at higher single rate
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- Have you received any of the following Significant Awards? Yes No

Medal of Honor	USAF Cross
Distinguished Flying Cross	USN Cross
Distinguished Service Cross	Soldiers Medal

➤ Personal Email Address (for DFAS):

Acknowledgment 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