

Survivor Benefit (DD Form 2656) Input Sheet

COMPLETE THIS INPUT SHEET PRIOR TO SBP APPOINTMENT

Please review the Benefits Calculators @ **MyArmyBenefits**

<https://myarmybenefits.us.army.mil> to review retirement and SBP calculations

I. Address Upon Retirement (Please print)

Address Line: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Email Address: _____

Preferred Contact Email or Telephone: _____

II. Direct Deposit/Electronic Fund Transfer (DD/EFT) (Please print)

 ACTIVE DUTY ONLY (check here if you want to continue using financial information currently on file at DFAS for payment of retirement pay)

Information: This information is required to set up Retirement Pay

Routing Number: _____ Account Number: _____

Financial Institution Name: _____

Bank Address: _____

City: _____ State: _____ Zip Code: _____

Account Type: **Checking or Saving:** _____

III. Current Spouse / Former Spouse Information (Please print)

First Name: _____ Last Name: _____ M.I. _____

SSN: _____ DOB: _____ Date of Marriage: _____

Place of marriage: City and State: _____

IV. Family Member Information: Children 22 & younger (Please print)

First Name: _____ Last Name: _____ M.I. _____

SSN: _____ DOB: _____ From former marriage: Y/N

Relationship to Soldier: _____

SBP Election: Y/N Disabled: Y/N Attending college/will be on date of retirement: Y/N

First Name: _____ Last Name: _____ M.I. _____

SSN: _____ DOB: _____ From former marriage: Y/N

Relationship to Soldier: _____

SBP Election: Y/N Disabled: Y/N Attending college/will be on date of retirement: Y/N

First Name: _____ Last Name: _____ M.I. _____

SSN: _____ DOB: _____ From former marriage: Y/N

Relationship to Soldier: _____

SBP Election: Y/N Disabled: Y/N Attending college/will be on date of retirement: Y/N

First Name: _____ Last Name: _____ M.I. _____

SSN: _____ DOB: _____ From former marriage: Y/N

Relationship to Soldier: _____

SBP Election: Y/N Disabled: Y/N Attending college/will be on date of retirement: Y/N

V. **Designation Of Beneficiaries For Unpaid Retired Pay (Please Print).**

Complete this section to designate a beneficiary or beneficiaries to receive any unpaid retired pay you are due at death.

☐ **Check this box if you want to designate your spouse as 100% beneficiary.**

First Name: _____ Last Name: _____ M.I. _____

SSN: _____ Relationship to Soldier: _____

Address Line: _____

City: _____ State: _____ Zip Code: _____

SHARE % _____ (Must equal 100%)

First Name: _____ Last Name: _____ M.I. _____

SSN: _____ Relationship to Soldier: _____

Address Line: _____

City: _____ State: _____ Zip Code: _____

SHARE % _____ (Must equal 100%)