## 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 Upo	n Retirement (Pl	ease print)	
City:	St	ate:	Zip Code:
Telephone Numb	er:	Email Ad	ddress:
II. Direct Depos	sit/Electronic Fu	nd Transfer (	(DD/EFT) (Please print)
ACTIVE D	UTY ONLY (check tly on file at DFAS f	here if you war or payment of r	nt to continue using financial etirement pay)
Information: Tl	his information i	s required to	set up Retirement Pay
Routing Number: Account Number:			
Financial Institut	ion Name:		
Bank Address: _			
City:	State:		Zip Code:
	•		•
II. Current Spo	ouse / Former Sp	ouse Inform	ation (Please print)
			M.I
			_ Date of Marriage:
IV. Family Mem	iber Information	ı: Children 22	<b>2 &amp; younger</b> (Please print)
			M.I.
CCN.	DOB.		From former marriage: Y/N
Kelationship to :			
SBP Election: Y/N	Disabled: Y/N	Attending co	llege/will be on date of retireme

First Name:		Last Name:		M.I
SSN:				
Relationship to So				
SBP Election: Y/N	Disabled: Y/N	Attending college	e/will be on date	of retirement: Y/N
First Name:		Last Name:		M.I
SSN:				
Relationship to So				
SBP Election: Y/N				
First Name:		Last Name:		M.I
SSN:				
Relationship to So				
SBP Election: Y/N		Attending college	•	
Complete this se	Of Beneficiaries	For Unpaid Ret a beneficiary or be	ired Pay (Plea neficiaries to rec	ase Print). eive any unpaid
retired pay you  Check th	Of Beneficiaries ection to designate are due at death.	For Unpaid Ret a beneficiary or be nt to designate yo	neficiaries to rec	elve any unpaid
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