

MARINE CORPS SEPARATION AND RETIREMENT MANUAL

RETIRED PAY DATA FORM

SECTION IX - SURVIVOR BENEFIT PLAN (SBP) ELECTION (See your Survivor Benefit Plan pamphlet before making an election.)									
26. BENEFICIARY CATEGORY(IES) (X only one item) (See Instructions and Section XII.)									
a. I ELECT COVERAGE FOR SPOUSE ONLY.		1 (X)		DO		DO NOT HAVE DEPENDENT CHILD(REN).			
b. I ELECT COVERAGE FOR SPOUSE AND CHILD(REN).									
c. I ELECT COVERAGE FOR CHILD(REN) ONLY.		1 (X)		DO		DO NOT HAVE A SPOUSE.			
d. I ELECT COVERAGE FOR THE PERSON NAMED IN ITEM 28 WHO HAS AN INSURABLE INTEREST IN ME (See Instructions).									
e. I ELECT COVERAGE FOR MY FORMER SPOUSE (See Instructions and complete DD 2656-1, "Survivor Benefit Plan (SBP) Election Statement for Former Spouse Coverage").									
f. I ELECT COVERAGE FOR MY FORMER SPOUSE AND DEPENDENT CHILD(REN) OF THAT MARRIAGE (See Instructions and complete DD 2656-1, "Survivor Benefit Plan (SBP) Election Statement for Former Spouse Coverage").									
g. I ELECT NOT TO PARTICIPATE IN SBP.		1 (X)		DO		DO NOT HAVE ELIGIBLE DEPENDENTS UNDER THE PLAN.			
27. LEVEL OF COVERAGE (X one. Complete UNLESS 26.d. or 26.g. was selected above. See Instructions.)									
a. I ELECT COVERAGE TO BE BASED ON FULL GROSS PAY WITHOUT SUPPLEMENTAL SBP.									
b. I ELECT COVERAGE WITH A REDUCED BASE AMOUNT OF \$		(See Instructions).							
c. I ELECT COVERAGE BASED ON FULL GROSS PAY PLUS SUPPLEMENTAL COVERAGE OF: (X one)									
5%		10%		15%		20%			
BY ELECTING SUPPLEMENTAL COVERAGE, I UNDERSTAND THAT I WAIVE MY BENEFICIARY'S RIGHT TO USE THE SOCIAL SECURITY OFFSET METHOD OF COMPUTING THE SURVIVOR BENEFIT PLAN ANNUITY AT AGE 62 AND OLDER (See Instructions).									
28. INSURABLE INTEREST BENEFICIARY									
a. NAME (Last, First, Middle Initial)			b. SSN		c. RELATIONSHIP			d. DATE OF BIRTH (YYYYMMDD)	
e. STREET ADDRESS (include apartment number)					f. CITY			g. STATE	h. ZIP CODE
SECTION X - REMARKS									
29. Use this section to continue an item or make additional comments. Attach separate sheets if more space is needed.									
SECTION XI - SPOUSE CONCURRING (Required when a member is married and elects and/or does not elect full spousal coverage, or declines coverage.)									
30. SPOUSE. I hereby concur with the Survivor Benefit Plan election made by my spouse. I have received information that explains the options available and the effects of those options. I know that retired pay stops on the day the retiree dies. I have signed this statement of my free will.									
a. SIGNATURE						b. DATE SIGNED (YYYYMMDD)			
31.a. WITNESS NAME (Last, First, Middle Initial)			b. SIGNATURE			c. DATE SIGNED (YYYYMMDD)			
d. STREET ADDRESS (include apartment number)					e. CITY		f. STATE	g. ZIP CODE	
SECTION XII - CERTIFICATION									
32. MEMBER. Under penalties of perjury, I certify that the number of withholding exemptions claimed does not exceed the number to which I am entitled, and that all statements on this form are made with full knowledge of the penalties for making false statements (18 U.S. Code 287 and 1001 provide for a penalty of not more than \$10,000 fine, or 5 years in prison, or both). I agree to notify DFAS - Cleveland Center when I become employed by a Federal agency. I will provide the effective date of employment, name and address, including ZIP Code of the employing agency, type of employment (full time, part time, seasonal, etc.) and the amount of my salary. (A Standard Form 50 or Postal Form 50 should be provided.) Also, I have been counseled that I can terminate SBP participation, with my spouse's written concurrence, within one year after the second anniversary of commencement of retired pay. However, if I exercise my option to terminate the SBP, future participation is barred.									
a. SIGNATURE						b. DATE SIGNED (YYYYMMDD)			
33.a. WITNESS NAME (Last, First, Middle Initial)			b. SIGNATURE			c. DATE SIGNED (YYYYMMDD)			
d. STREET ADDRESS (include apartment number)					e. CITY		f. STATE	g. ZIP CODE	

DD FORM 2656 (BACK), MAY 1998

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INSTRUCTIONS (Continued)

SECTION VI (Continued)

ITEM 17. Enter the word "EXEMPT" in this item only if you meet all the following criteria: (1) you had no Federal income tax liability in the prior year; (2) you anticipate no Federal income tax liability this year; and (3) you therefore desire no Federal income tax to be withheld from your retired/retainer pay.

NOTE: You must file a new exemption claim form with DFAS - Cleveland Center by February 15th of each year for which you claim exemption from withholding.

ITEM 18. If you are not a U.S. citizen, provide, on an additional sheet, a list of all periods of ACTIVE DUTY served in the continental U.S., Alaska, and Hawaii. Indicate periods of service by year and month only. List only service at shore activities; do not report service aboard a ship.

For example:
 FROM (Year/Month) DUTY STATION TO (Year/Month)
 1994/02 NAVSTA, Norfolk, VA 1995/01

NOTE: This information may affect the determination as to that portion of retired/retainer pay which is taxable in accordance with the Internal Revenue Code, if you will maintain your permanent residence outside the U.S., Alaska, or Hawaii.

SECTION VII - VOLUNTARY STATE TAX WITHHOLDING.

ITEM 19. Enter the name of the state for which you desire state tax withheld.

ITEM 20. Enter the dollar amount you want deducted from your monthly retired/retainer pay. This amount must not be less than \$10.00 and must be in whole dollars (Example: \$50.00, not \$50.25).

ITEM 21. Enter only if different from the address in Item 6.

SECTION VIII - DEPENDENCY INFORMATION.

This information is needed by DFAS to determine SBP costs, annuities and options, and to maintain your account in special circumstances at the time of death.

ITEM 22.a. Provide your spouse's name. If none, enter "N/A" and proceed to Item 25.

ITEMS 22.b. through 24. Provide the requested information about your spouse. In Item 24, if marriage occurred outside the United States, include city, province, and name of country.

ITEM 25. If you do not have dependent children, enter "N/A" in this item. If you do have dependent children, provide the requested information. Designate which children resulted from marriage to former spouse, if any, by indicating (FS) after the relationship in column d.

25.e. A disabled child is an unmarried child who meets one of the following conditions: a child who has become incapable of self support before the age of 18, or, a child who has become incapable of self support after the age of 18 but before age 22 while a full time student. Attach documentation if available.

SECTION IX - SURVIVOR BENEFIT PLAN (SBP) ELECTION.

It is very important that you are counseled and are fully aware of your options under SBP. You may discontinue your SBP participation within one year after the second anniversary of the commencement of retired/retainer pay. Termination of SBP is effective the first of the month after DFAS-Cleveland receives the SBP disenrollment request. There will be no refund of SBP costs paid before the SBP disenrollment effective date, and future participation is barred. If you make no election, maximum coverage will be established for all eligible family members (spouse and/or children). It is highly advisable to complete this part in the presence of your SBP counselor.

For members qualified to retire under 10 U.S. Code, Chapter 1223, who elected Reserve Component Survivor Benefit Plan (RCSBP) after 20 qualifying years of service, a copy of your RCSBP election must accompany this form and do not complete Items 26 through 31. However, Reserve members who declined SBP until age 60 must complete Items 26 through 31. If you elected either immediate or Deferred RCSBP coverage and the elected beneficiary is no longer eligible, annotate this in the Remarks section and provide supporting documentation with this form.

ITEM 26. Complete if you are retiring from active duty or if you are a reservist retiring under 10 U.S. Code, Chapter 1223 who declined RCSBP. You may only select one item.

SECTION IX (Continued)

26.a. through 26.c. Mark the applicable item that indicates the beneficiaries you desire to cover under SBP.

ITEM 26.d. Mark if you are not married and desire coverage for a person with an insurable interest in you, and provide the requested information about that person in Item 28. An election of this type must be based on your full gross retired/retainer pay. If the person is a non-relative or as distantly related as a cousin, attach evidence that the person has a financial interest in the continuance of your life. Under provisions of Public Law 103-337, you are permitted to withdraw from insurable interest coverage at any time. Such a withdrawal will be effective on the first day of the month following the month the request is received by DFAS - Cleveland Center. Therefore, no refund of SBP costs collected before the effective date of the withdrawal will be paid.

26.e. and 26.f. Mark Item 26.g. if you desire coverage for a former spouse. Mark Item 26.f. if you desire coverage for a former spouse and dependent child(ren) of that marriage, and provide the requested information about these children in Item 25 as appropriate. Provide a certified photocopy of final decree that includes separation agreement or property settlement which disallows SBP for former spouse coverage. The DD Form 2654-1, "Survivor Benefit Plan (SBP) Election Statement for Former Spouse Coverage," must also be completed and accompany the completed DD Form 2656 to DFAS - Cleveland Center.

26.g. Mark if you do not desire coverage under SBP. If married and declining coverage, Items 30 and 31 of Section XI must be completed.

ITEM 27.a. Mark if you desire the coverage to be based on your full gross retired/retainer pay without Supplemental SBP.

27.b. Mark if you desire the coverage to be based on a reduced portion of your retired/retainer pay. This reduced amount may not be less than \$300.00. If your gross retired/retainer pay is less than \$300.00, the full gross pay is automatically used as the base amount. Enter the desired amount in the space provided to the right of this item. Proceed to Section XI, if married.

27.c. Mark if you desire the coverage to be based on your full gross retired/retainer pay plus Supplemental SBP for spouse/former spouse. Mark the appropriate percentage of coverage. The benefits are paid to a surviving spouse/former spouse who is age 62 or older.

ITEM 28. Enter the information for insurable interest beneficiary.

SECTION X - REMARKS.

ITEM 29. Reference each entry by item number. Continue on separate sheets of paper if more space is needed.

SECTION XI - SURVIVOR BENEFIT PLAN SPOUSE CONCURRENCE.

10 U.S. Code, Section 1446 requires that an otherwise eligible spouse concur if the member declines to elect SBP coverage, elects less than maximum coverage, or elects child only coverage. Therefore, if any of the following items or combination of items are marked, the spouse and a witness must complete Items 30 and 31: Items 26.a. and 27.b.; 26.b. and 27.b.; 26.c. or 26.g. A witness cannot be named beneficiary in Section V, VIII, or IX. Whenever possible, SBP Counselor or a Notary Public should be the witness. Spouse must present photo bearing identification to the witness prior to signature. Spouse's concurrence must be obtained and dated on or after the date of the member's election, but before the retirement transfer date. If concurrence is not obtained when required, maximum coverage will be established for your spouse and child(ren) if appropriate.

SECTION XII - CERTIFICATION.

Read the statement carefully, then sign your name and indicate the date of signature. For your SBP election to be valid, you must sign and date the form prior to the effective date of your retirement/transfer. A witness cannot be named as beneficiary in Sections V, VIII, or IX. Also, there are certain restrictions that apply to retired pay during a period of Federal employment. Contact DFAS - Cleveland Center at 1-800-321-1080 for information on how these restrictions apply to your pay.