

Department of Homeland Security U. S. Coast Guard CG PSC-4700 (Rev. 8/04)	COAST GUARD & NOAA RETIRED PAY ACCOUNT WORKSHEET AND SURVIVOR BENEFIT PLAN ELECTION
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Privacy Act Statement: This information is collected under 5 USC section 552a(e)(3), Public Law 92-425, 21 Sep 72: EO 9397. Information will be used to establish retired pay account and to enroll in the Survivor Benefit Plan. The information transmitted in this form is necessary and must be completed to establish the retired pay account.

Purpose:• Provide an address for correspondence with Coast Guard Personnel Service Center

- Designate your direct deposit account
- Specify number of exemptions and marital status for Federal income tax withholding
- Designate State and withholding amount for Voluntary State Tax withholding
- Designate beneficiaries for unpaid retired pay.
- Certify eligibility and entitlement to retired pay
- Enroll in the Survivor Benefit Plan

Section I: IDENTIFICATION AND ADDRESS (complete all sections, if not applicable enter N/A)

1a. Enter your approved retirement date	1b. Retiring from the following Service (select one): <input type="checkbox"/> NOAA <input type="checkbox"/> Coast Guard Active Duty <input type="checkbox"/> Coast Guard Reserve
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1c. Name (Last, First, MI.)	2. Rank/Pay Grade	3. SSN
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4. Date of Birth	5. Correspondence Address, Street, City, State and Zip Code	6. Area Code & Telephone Number Work: Home:
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6a. Would you like PSC (RAS) to be able to contact you via e-mail in case telephone contact cannot be established?
 Yes No **IF YES, Please provide your HOME email address:**

Section II: PAY DELIVERY (see instructions for proper completion and don't forget to attach a voided check to your application.) Public Law 103-356 makes direct deposit mandatory

7a. Continue direct deposit to the same account used for your active duty/reserve pay (attach current copy of LES).
 7b. Direct deposit account shown below.

8. Type of Account: Checking Savings

9a. Routing Transit Number (RTN)

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 Check Digit

9b. Account Number

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10. Financial Institution Name _____

11. Address (City, State, and ZIP Code) _____

Section III: TAX WITHHOLDING INFORMATION (use instructions for IRS Form W-4 and State Tax form to complete)

FEDERAL WITHHOLDING	VOLUNTARY STATE WITHHOLDING
12. Marital Status (check one): <input type="checkbox"/> Single, <input type="checkbox"/> Married or <input type="checkbox"/> Married but withhold at higher single rate	16. State designated to receive tax
13. Total No. of Exemptions Claimed (See instructions if you claim more than 10)	17. Requested Monthly Amount for State Tax (Whole dollar amount but not less \$10.00) \$
14. Additional Withholding (optional) \$	Note: The State you designate to receive tax must have an agreement with the Department of Defense for withholding state tax. A listing of states that have agreements for withholding is included with the instructions for this form.
15. "I claim exemption from withholding" Enter "EXEMPT". If you claim EXEMPT status, you must attach current year IRS form W-4.	This election will remain in effect until changed by you.

Section IV: DESIGNATION OF BENEFICIARIES FOR UNPAID RETIRED PAY

I hereby designate the following beneficiary(ies) to receive retired pay due and payable at my death. I am aware that under the provisions of 10 U.S.C. 2771 and 4 CFR Part 34, this designation will remain in effect unless canceled or changed by me. If any of your designated beneficiaries die, or if you divorce, you must submit a new CG PSC-3600 form immediately.

18. Name (Last, First, Middle Initial)	18. Relationship	18. Mailing Address (City, State & ZIP Code)	18. Telephone (Including Area Code)	18. Share (Total must equal 100%)
a.				
b.				
c.				
d.				

Section V: CERTIFICATION DATA FOR PAYMENT OF RETIRED PERSONNEL (must be completed)

“I [] have [] have not been convicted of any offense involving the National Security (5 U.S.C. 8312).

“I [] have [] have not failed or refused to testify before a Federal Grand Jury, Court of the United States, courts-martial, or congressional committee in connection with any matter endangering the National Security, or defense of the United States or any relationship I have or have not had with a foreign government (5 U.S.C. 8314).

“I [] have [] have not knowingly or willfully remained outside of the United States or its territories or possessions to avoid prosecution (5 U.S.C. 8313).

“I [] have [] have not knowingly or willfully made a false, fictitious, or fraudulent statement or representation, or knowingly and willfully concealed a material fact in an employment application for a civilian or military office or position in or under the Legislative, Executive, or the Judicial branch of Government of the United States or the government of the District of Columbia(5 U.S.C. 8315).

“I [] am [] am not employed by any foreign government, company, educational institution, or other concern which is controlled in whole or in part by a foreign government nor have I made application for such employment and I have not negotiated for such employment. I understand that before I accept such employment I must obtain advance approval from Commandant (G-PMP) and the Department of State.

I [] am [] am not drawing a pension, retired pay, or disability compensation from the Department of Veterans Affairs (VA), Civil Service Commission, or other Government agency nor have I made application for such benefits.

If you are drawing a VA or civil service pension, retired pay, or disability compensation, or have made application therefore, please provide the name and address of the agency and the monthly amount received (if any) in the space below.

Monthly Amount	Name and Address (Street, City, State and ZIP) of Agency
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Section VI: SURVIVOR BENEFIT PLAN (SBP) ELECTION (Complete all blocks)				
19. Are you married? <input type="checkbox"/> Yes <input type="checkbox"/> No		20. Do you have dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> No		
21. FOR Reserve Retiree Only – Have you elected RCSBP (option B or C) prior to this date <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, ATTACH A COPY OF THE ELECTION FORM and skip to Section VIII IF NO or elected (option A), complete the remainder of Section VI & VII				
22. Beneficiary Category (ies) a <input type="checkbox"/> I elect coverage for spouse only. I <input type="checkbox"/> do <input type="checkbox"/> do not have dependent children. b <input type="checkbox"/> I elect coverage for spouse and child(ren). c <input type="checkbox"/> I elect coverage for child(ren) only. I do <input type="checkbox"/> do not <input type="checkbox"/> have a spouse. d <input type="checkbox"/> I elect coverage for the person named in block 45 who has an insurable interest in me. e <input type="checkbox"/> I elect coverage for the person named in block 39 who is my former spouse. f <input type="checkbox"/> I elect coverage for the person named in block 39 who is my former spouse and dependent child(ren) of that marriage g <input type="checkbox"/> I elect not to participate in SBP. (Blocks 24-27 must be completed even if no coverage elected)				
23. Level of coverage (do not complete if 22d or 22g was elected above) a <input type="checkbox"/> I elect coverage to be based on FULL gross retired pay. b <input type="checkbox"/> I elect coverage with a reduced base amount of \$ _____ (\$300 minimum base amount) c <input type="checkbox"/> I elect basic coverage based on full gross pay plus supplement coverage of <input type="checkbox"/> 5% <input type="checkbox"/> 10% <input type="checkbox"/> 15% <input type="checkbox"/> 20% By electing supplemental coverage, I understand that I waive my right to use the social security offset method of computing the SBP Annuity at age 62 and older.				
24. Spouse Name (Last, First, MI.)		25. Spouse SSN	26. Spouse Date of Birth	
27. Date of Marriage:				
List your dependent child(ren) (Designate which children resulted from marriage to former spouse, if any) (Please indicate any additional children at bottom of next page)				
28. Name (Last, First, Middle Initial.)	29. Relationship	30. Date of Birth	31. SSN	32. Incapacitated Child (See page 32)
a.				
b.				
c.				
Section VII: SBP SPOUSAL CONCURRENCE (Required when member is married and DOES NOT ELECT FULL spousal coverage)				
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 have signed this statement of my own free will. (Ensure form is signed and witnessed on same date).				
33. Spouse Signature			34. Date	
35. Witness Name (Last, First, MI) (over 18 years old & not a member of your family)		36. Witness Signature		
37. Witness Address (Street, City, State, Zip Code, and Phone Number)			38. Date	
Former Spouse (Complete ONLY if 22e or 22f was elected above)				
39. Name (Last, First, MI)	40. SSN	41. Address (Street, City, State and Zip Code)		
42. Date of divorce/dissolution of marriage	43. Date of Birth			
44. a <input type="checkbox"/> The election indicated above is being made pursuant to the requirements of court order <input type="checkbox"/> Yes <input type="checkbox"/> No b <input type="checkbox"/> The election indicated above is being made pursuant to a written agreement I previously entered into voluntarily as part of or incident to a preceding of divorce, dissolution, or annulment <input type="checkbox"/> Yes <input type="checkbox"/> No c <input type="checkbox"/> The written agreement has been incorporated in, or ratified or approved by a court order <input type="checkbox"/> Yes <input type="checkbox"/> No				
Insurable Interest (Complete ONLY if 22d was elected above)				
45. Name (Last, First, MI)	46. SSN	47. Address (Street, City, State and Zip Code)		
48. Relationship	49. Date of Birth			

ANY CHANGES TO SECTION VI OR VII WILL REQUIRE THAT PAGE OF THIS FORM BE COMPLETED AGAIN.

Section VIII: DECLARATION OF SERVICE

50. Date you first became a member of the Uniformed Services (see note below)

51. Date of current rank

Note: Under the law, you “first became a member” of the Uniformed Services on the date first enlisted, inducted, or appointed. For non-prior service Academy cadets and OCS graduates, it is the date you took the oath of office for entrance into the Academy (for Academy cadets, this is not the date your creditable service for retirement begins) or OCS. For enlisted members who enlisted under the Delayed Entry Program (DEP), it is the date you signed up for the DEP.

52. PRIOR SERVICE BREAKDOWN (FOR COAST GUARD ACTIVE DUTY OR NOAA PERSONNEL ONLY)

FROM			TO			ARMED SERVICE
DAY	MONTH	YEAR	DAY	MONTH	YEAR	

IF ANY OF THE ABOVE SERVICE WAS IN A RESERVE COMPONENT:

DID YOU PERFORM RESERVE DRILLS?
 YES NO

NUMBER OF RESERVE RETIREMENT POINTS EARNED
 (ATTACH COPIES OF POINTS STATEMENTS IF AVAILABLE)

53. Have you ever held a Rank/Rate higher than your current one?

YES NO

If yes, what rank did you hold?

When did you hold this rank?

54. Have you ever received severance, separation or readjustment pay from a military service in connection with separation or release from active duty?

YES NO

If yes, what amount did you receive?

When did you receive such payment?

Section IX: MEMBER’S CERTIFICATION (member and witness signature required for start of retired pay)

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.C. 287 and 1001 provide for a penalty of not more than \$10,000 fine, or 5 years in prison, or both) (Ensure form is signed and witnessed on same date).

55. Member’ Name (last, first, middle initial)

56. Member’s SSN

57. Member’ Signature

58. Date

59. Witness Name (Last, First, MI) (over 18 years old & not a member of your family)

60. Witness Signature

61. Witness Address (Street, City, State and Zip Code)

62. Witness telephone number

63. Date

Section VI, Blocks 28 – 32 (Continued, if necessary)
d.

e.