Department of Homeland Security U. S. Coast Guard CG PPC-4700 (Rev. 02/09)

COAST GUARD & NOAA RETIRED PAY ACCOUNT WORKSHEET AND SURVIVOR BENEFIT PLAN ELECTION

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):														
				[] NOAA [] Coast Guard Active Duty [] Coast							Coast	Gua	ard Rese	erve				
1c. Name (Last, First, MI.)					2. Rank/Pay Grade					3.	Empl	oyee I	D Num	nber (EN	IPLID)):		
Date of Birth	s, Stree	Street, City, State and Zip Code						6.	6. Area Code & Telephone Number									
													Work:					
							Home:											
							Ce	Cell/Other:										
6a. Please provide your Home	& Business (if app	olicable) email	addres	ses if y	you wo	uld you	like P	PC (RA	S) to contact	t you v	a e-mai	l in cas	e telep	hone c	ontact ca	annot	be establish	ied:
(H) (B)																		
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 show	wn below.																
8. Type of Account:	[] Check	ing	[]	Sa	vings	;												
9a. Routing Transit Nu									Che	Check Digit								
9b. Account Number																		
10. Financial Institution	Name	<u>'</u>							•	•								
11. Address-City, State	. and ZIP Cod	de et																
,,	,																	
On attendition to TAY WI	TILLIOI DINI	O INICOD	.		<i>(</i>				- IDO F		A/		14 - 4 -		£ 1			
Section III: TAX WITHHOLDING INFORMATION (use instructions for IRS Form W-4 and State Tax form to complete) FEDERAL WITHHOLDING VOLUNTARY STATE WITHHOLDING																		
		[] Sing	آ ما	1 M	larric	ad or	_	OLU	HIAKI	017	11 L V	VIII	IIOL	.DIII	<u> </u>	Т		
12. Marital Status (check one): [] Single, [] Married or [] Married but withhold at higher single rate						16. State designated to receive tax												
					J			17. Requested Monthly Tax (Whole dollar amou \$10.00)										
13. Total No. of Exemptions Claimed																		
14. Additional Withh	14. Additional Withholding (optional) \$ Note: The State you designate to receive tax must have an agreement with the Department of Defense for withholding																	
15. "I claim exemption from withholding"							s	tate t	ax. A li	sting	of sta	ates t	hat l	nave	agree	emei	nts for	Ü
Enter "EXEMPT". If you claim EXEMPT							W	withholding is included with the instructions for this form.							١.			
status, you <u>must</u> attach current year IRS form W-4							Т	This election will remain in effect until changed by you.										

(Page 1 of 4)

Previous editions are obsolete and shall not be used

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.										
18a. Name (Last, First, Middle Initial)	18b. Relationship	18c. Address (City, State & ZIP Code)	18d. Telephone (Including Area Code)	18e. Share (Total must equal 100%)						
1.				. ,						
Social Security Number										
2.										
Social Security Number										
3.										
Social Security Number										
4.										
Social Security Number	<u> </u>									
Section V: CERTIFICATION DATA FOR PAYMENT OF RETIRED PERSONNEL (must be completed)										
"I have 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 w										
"I I J have I J have not know prosecution (5 U.S.C. 8313).	ingly or willfully rem	ained outside of the United States or its ter	ritories or possessions to avo	oid						
"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 (CG-1222) 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, S	State and ZIP) of Agency								
Page 2 of 4. FOR ANY CORRE	CTIONS/CHANGES	S A NEW FORM MUST BE COMPLETED I	PRIOR TO DATE OF RETIR	EMENT						

Section VI: SURVIVOR BENEFIT PLAN (SBP)	ELECTION (Co	omplete all blocks)								
19. Are you married? ☐ Yes ☐ No	20. Do you have de	· ⊔ Ye:	s 🗌 No							
21. FOR Reserve Retiree Only – Have you elected RCSBP (option B or C) prior to this date Yes 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 ☐ I elect coverage for spouse only. I ☐ do ☐ do not have dependent children.										
□ I elect coverage for spouse and child(ren).										
☐ Telect coverage for child(reff) offly. Too ☐ do flot ☐ flave a spouse.										
 I elect coverage for the person named in block 45 who has an insurable interest in me. I elect coverage for the person named in block 39 who is my former spouse. 										
f ☐ I elect coverage for the person named in b			d dependent child(ren)	of that marriage						
g ☐ I elect not to participate in SBP. (Blocks 24				· ·						
a I did NOT elect the Career Status Bonus and I	 Level of coverage (do not complete if 22d or 22g was elected above) I did NOT elect the Career Status Bonus and REDUX. I elect SBP coverage as follows (choose one): I elect coverage based on full gross retired pay. 									
b I DID elect the Career Status Bonus and RED	UX. I elect SBP	coverage as follows	s (choose one):							
☐ I elect coverage based on the amount of re ☐ I elect coverage based on my current gross		d have received had	I NOT elected the Care	eer Status Bonus.						
I understand this represents a reduced bas		equires spousal con	currence.							
☐I elect coverage with a reduced base amou		(\$300 minimum bas	se amount). This requires							
24. Spouse Name (Last, First, Ml.) 25. Spouse SSN 26. Spouse Date of Birth										
27. Date of Marriage:		•								
List your dependent child(ren) (Designate wh										
28. Name (Last , First, Middle Initial.)	29. Relationship	30. Date of Birth	31. SSN	32. *Disabled Child						
ъ.				☐ Yes ☐ No						
				☐ Yes ☐ No						
C.				☐ Yes ☐ No						
d.				☐ Yes ☐ No						
*BLOCK 32 NOTE: Disabled Child – If yes, provide a current physician's statement dated within 90 days of the date of retirement describing the medical condition and whether it is temporary or permanent and why the condition is considered incapacitating (e.g. the dependent is unable to take care of basic activities of daily living).										
Section VII: SBP SPOUSAL CONCURRENCE		n member is married	and elects child(ren) o	nly coverage, does						
not elect full spouse coverage, or declines cover	· /									
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 date the retiree dies. I have signed this statement of my free will.										
33. Spouse Signature: 38. NOTARY SEAL HERE										
34. Subscribed and Sworn to before me in County State										
35. On Month Day	, 20									
36. My Commission expires the day										
37. Notary Public (Signature)										

Page 3 of 4. FOR ANY CORRECTIONS/CHANGES A NEW FORM MUST BE COMPLETED PRIOR TO DATE OF RETIREMENT

Former	Spouse (Complete Of	NLY if 22e c	or 22f wa	s electe	d abo	ove)					
39. Name (Last, First, MI)					40. SSN			41. Address (Street, City, State and Zip Code)				
42. Date of divorce/dissolution of marriage					l	43. Date of B	irth					
^{44.} a	☐ The e	lection indica	ated ahove i	s heina r	nada nu	reliar	nt to the requ	ireme	nts of court order \(\square\) Y	/as \square	No	
b											voluntarily as part of or i	incident to
		ceding of div										
С .							ratified or ap	prove	ed by a court order 🗌 Ye	es 🔲 N	10	
	ole Interes e (Last, First	t (Complete (ONLY If 220	d was ele	cted ab	ove) 46. :	SSN		47. Address (Street, City, S	State and	d Zip Code):	
48. Relat	tionship					49.	Date of Birth		_			
			50 Date v	ou firet hac	ama a ma	mber	of the Uniforme	d Sarv	ces (see note below)	51 D	ate of current rank	
OF SEF		CLARATION	Jo. Date y	ou mai bee	anic a me	JIIIDCI	or the ormonic	u ociv	ocs (see note below)	31. D	ate of current rank	
OI OLI	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\											
Note: \	Jnder the	law, you "first	became a	member'	of the l	Jnifor	rmed Service	s on	he date first enlisted, inc	ducted,	or appointed. For non-p	orior
											my (for Academy cadets	
		creditable sel ined up for th		rement b	egins) c	or OC	.S. For enils	tea m	embers who enlisted und	der the	Delayed Entry Program	(DEP), It
		•		OR COAS	ST GUA	RD A	CTIVE DUT	Y OR	NOAA PERSONNEL OI	NLY)		
		FROM	,			ГО						
	DAY	MONTH	YEAR	DAY	MONT	Ή	YEAR		ARMED	SERV	/ICE	
	IF ANY (OF THE ABO	VE SERVIC	E WAS	IN A RE	SER	VE COMPO	NENT	:			
	DID YOU	J PERFORM	RESERVE	DRILLS'	?		Num	ber of	reserve retirement point	ts earne	ed (attach	
			☐ Yes ☐] No					oints statements if avail			
^{53.} Hav	e you eve	r held a Rank	/Rate highe	r than yo	ur curre	nt on	ne?		If yes, what rank did yo	u	When did you hold this i	rank?
			☐ Yes [□No					hold?			
		er received s							If yes, what amount did	you	When did you receive so	uch
military service in connection with separation or release from active duty? receive? payment?												
☐ Yes ☐ No												
Section	IX: MEN	IBER'S CER	TIFICATION	(memb	er and v	vitnes	ss signature	and d	ate (must sign on same	date) re	equired for start of retired	d pay)
Under p	enalties o	f perjury, I ce	rtify that the	number	of with	noldin	ng exemption	s clai	med does not exceed the	e numb	er to which I am entitled	, and that
											287 and 1001 provide for nate SBP participation, w	
											wever, if I exercise my o	
termina	te SBP, fu	ture participa	tion is barre						<u> </u>	-		
55. Member' Name (last, first, middle initial) 56. Member's Employee ID Number:												
	1										50 Put	
5/. Mem	ber' Signatui	re									58. Date	
59. Witne	ss Name (La	ast, First, MI) (ov	er 18 years ol	d & not a n	nember of	your f	family)		60. Witness Signature			
61. Witne	ess Address	(Street, City, Sta	ate and Zip Co	ode			-		62. Witness telephone numb	per	63. Date	