

**STEP-BY-STEP INSTRUCTIONS ON COMPLETING THE RESERVE COMPONENT
SURVIVOR BENEFIT PLAN ELECTION CERTIFICATE (DD FORM 2656-5)**

PAGE ONE

SECTION I-MEMBER INFORMATION

SECTION I MEMBER INFORMATION		
1. NAME (Last, First, Middle Initial)	2. SOCIAL SECURITY NUMBER	3. RANK
4. DATE OF BIRTH (YYYYMMDD)	5. MAILING ADDRESS (Street, Apartment Number, City, State, and ZIP Code)	
6. TELEPHONE NUMBER (Include area code)	5.a. EMAIL ADDRESS	

Block 1. Enter your Last Name, First Name and Middle initial

Block 2. Enter your SSN

Block 3. Enter your current Rank

Block 4. Enter your date of Birth

Block 5. Enter your mailing address

Block 5a. Enter your E-mail address

Block 6. Enter your Telephone Number including area code

SECTION II-MARITAL/DEPENDENCY STATUS

SECTION II - MARITAL/DEPENDENCY STATUS					
7. ARE YOU MARRIED?	YES	NO	8. DO YOU HAVE ANY DEPENDENT CHILDREN?	YES	NO

Block 7. Check YES if currently married or legally separated and NO if you are currently single or divorced.

Block 8. Check YES if you have a child/children under 18 or a child/children attending college fulltime between the ages of 18 - 22.

SECTION III-SPOUSE/DEPENDENT CHILDREN INFORMATION (if applicable)

SECTION III - SPOUSE/DEPENDENT CHILD(REN) INFORMATION (if applicable)				
9.a. SPOUSE'S NAME (Last, First, Middle Initial)	b. SOCIAL SECURITY NUMBER	c. DATE OF BIRTH (YYYYMMDD)	10. DATE OF MARRIAGE (YYYYMMDD)	
11. DEPENDENT CHILDREN. Complete this section for your unmarried, dependent children who are under age 18, or under age 22 if full time students, or any age if disabled and incapable of self-support before age 18 (or 22 if a full time student)				
a. CHILD'S NAME (Last, First, Middle Initial)	b. SOCIAL SECURITY NUMBER	c. DATE OF BIRTH (YYYYMMDD)	d. RELATIONSHIP (Son, daughter, stepson, etc.) (Indicate "FS" if from previous marriage)	e. DISABLED? (Yes/No)
IF YOU HAVE ADDITIONAL DEPENDENT CHILDREN. CONTINUE IN SECTION VII, REMARKS, AND X HERE				

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Block 9.a Enter Spouse's Last Name, First Name, Middle initial (if married)

b. Spouse's SSN

c. Enter Spouse's Date of Birth

Block 10. Enter the date that you and your spouse legally married

Block 11. Complete block 11 only for unmarried dependent children under 18 or 22 if they meet the criteria for eligibility (If they are fulltime students)

a. List child/children dependents Last, First, and Middle initial

b. List SSN for each child

c. The child's Date of Birth

d. Indicate the relationship such as Son, Daughter, Stepson, and Stepdaughter. Also indicate children from a previous marriage/relationship by including the letters "FS" at the end of the relationship

e. Indicate if the child is disabled by putting YES or NO (the child must have been deemed permanently disabled prior to 18th birthday)

*If you have more than 5 dependent children, mark an X in the bottom right corner of page one and continue listing children and their information in Section VII

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Enter your Last name, First name and Middle initial in the MEMBER NAME box and your SSN in SSN box at the top of the page

MEMBER NAME (Last, First, Middle Initial)	SSN
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SECTION IV-COVERAGE

Upon receipt of your Notice of Eligibility for Retired Pay, you are required to elect any of several Survivor Benefit Plan options, which are listed below. SBP elections cannot be canceled or changed after retirement except in specific instances such as a change in your marital status, after the loss of a beneficiary, or if you've paid into SBP for 12-36 months.

You may not reduce or decline spouse coverage without your spouse's consent. If you have a former spouse, it may affect your options.

Block 12. Lists options

SECTION IV - COVERAGE	
12. OPTIONS (Select one) NOTE: Selecting Option A or Option B requires spouse concurrence in Section IX.	
	OPTION A. I decline to make an election until age 60. (NOTE: Do not select type of coverage below.)
	OPTION B (DEFERRED ANNUITY). I elect to provide an annuity beginning on the 60th anniversary of my birth should I die before that date, or on the day after date of death should I die on or after my 60th birthday. (Select type of coverage below.)
	OPTION C (IMMEDIATE ANNUITY). I elect to provide an immediate annuity beginning on the day after date of my death, whether before or after age 60. (Select type of coverage below.)

SELECTING OPTIONS A OR B REQUIRES SPOUSE CONCURRENCE IN SECTION IX. IF YOU CHOOSE OPTION C, YOUR SPOUSE DOES NOT HAVE TO SIGN THIS DOCUMENT. DOING SO WILL CONSEQUENTLY VOID YOUR OPTION AND LEAVES YOUR SPOUSE WITHOUT COVERAGE.

OPTION A- by selecting option A, this means that you are declining coverage at this time, and if/when you reach age 60 you plan to make an election. If you die before then, no annuities will be paid.

OPTION B-Deferred Annuity-selecting option B means that you defer coverage at this time and your annuity will begin on your 60th birthday. If you die before reaching 60 years old, your beneficiary will not be able to collect any benefits until the date that you would have turned 60.

OPTION C-Immediate Annuity- selecting option C means that you want to begin an immediate annuity upon the event of your death before or after reaching age 60. No premiums will be paid until reaching age 60 and your receipt of retired pay.

Block 13. Type of Coverage

Can only select one block

13. TYPE OF COVERAGE (Select one)	
	SPOUSE ONLY.
	SPOUSE AND CHILD(REN).
	CHILD(REN) ONLY.
	FORMER SPOUSE (Complete DD 2656-1, "Survivor Benefit Plan (SBP) Election Statement for Former Spouse Coverage").
	FORMER SPOUSE AND CHILD(REN) (Complete DD 2656-1, "Survivor Benefit Plan (SBP) Election Statement for Former Spouse Coverage").
	NATURAL PERSON WITH AN INSURABLE INTEREST (Complete Section VI).

SPOUSE ONLY- Spouse coverage is the primary option of SBP. It is designed to give you a way to continue part of your retired pay to your surviving spouse after you die. Your surviving spouse may remarry after age 55 and continue to receive SBP payments for life. If remarried before age 55, SBP payments will stop, but may be resumed if the marriage later ends due to death or divorce.

SPOUSE AND CHILD(REN)- If the SBP election was for spouse (or former spouse) and children, the children receive payments only when your spouse (or former spouse) loses eligibility because of death or remarriage before age 55.

CHILD(REN) ONLY- SBP was designed to give income protection not only to your spouse, but also to your children until they become self-supporting (i.e., until they are no longer dependents). Child coverage may be elected with or without spouse (former spouse) coverage. Children are eligible for SBP payments as long as they are unmarried, under age 18, or under age 22 if in school fulltime. A child who is disabled and incapable of self-support remains eligible if the disability occurred before age 18 (or before age 22 if a full time student). Marriage at any age will terminate a child's eligibility. If you elect former spouse and children coverage, only those eligible children from the marriage between you and your former spouse are covered. The payments for children equal 55 percent of your covered retired pay. All eligible children divide this benefit in equal shares. If one child becomes ineligible because of age, marriage, or no longer in school, the remaining eligible children will continue to receive benefits in equal shares.

FORMER SPOUSE-The Survivor Benefits Plan allows selection of coverage for former spouses. Costs and benefits under this option are identical to those for spouse coverage. When former spouse coverage is elected, the current spouse must be informed. Only one SBP election may be made. If there is more than one former spouse, the member must specify which one will be covered. If you elect this coverage, a DD 2566-1 (Survivor Benefit Plan Election Statement for Former Spouse Coverage) must be completed which requires additional supporting documentation/statements.

FORMER SPOUSE AND CHILD(REN)- When you include child coverage with former spouse coverage, only your children of that former spouse are covered. Any other children will not be paid benefits under this option. In the child only option or when you include children with spouse (not former spouse) coverage, all of your children are covered.

NATURAL PERSON WITH AN INSURABLE INTEREST-The insurable interest option is available only if you are unmarried with either no dependent children or one dependent child. You may elect insurable interest coverage for that child regardless of the child's age or dependency. The following people who can be covered are by the SBP for Insurable Interest:

- Any relative more closely related to you than a cousin. This includes relatives such as parents, stepparents, grandparents, grandchildren, aunts, uncles, sisters, brothers, half-sisters, half-brothers, dependent or nondependent child or stepchild; or
- A close business associate who would be financially affected by your death. This must be a natural person (not a company, organization, fraternity, etc.) with a financial interest in your life.

SECTION V-LEVEL OF COVERAGE

Note: You cannot decrease the level of existing coverage

SECTION V - LEVEL OF COVERAGE	
<p>14. Select the monthly amount of retired pay you wish to have the survivor annuity based on. NOTE: You cannot decrease the level of existing coverage. Your covered spouse beneficiary will receive an annuity that will pay 55 percent of the level of coverage until age 62 and will pay between 45 to 50 percent during the phase-out of the two-tier method (October 2005 - March 2006). Effective April 1, 2008, the annuity regardless of age will be 65 percent of the level of coverage selected. The annuity paid to a child or children totals 55 percent (divided in equal shares). Children annuities are payable to children who are under age 18; or under age 22 if full time, unmarried students; or any age if disabled and incapable of self-support before 18 (or 22, if while a full-time student). An Insurable Interest annuity is 55 percent of the difference between retired pay and the premium for coverage. Insurable interest annuities remain at 55 percent regardless of age. Place an X in the appropriate box to indicate your election.</p>	
<input type="checkbox"/>	FULL RETIRED PAY.
<input type="checkbox"/>	REDUCED AMOUNT OF RETIRED PAY (Cannot be less than \$300.00) \$ _____ (NOTE: Spouse concurrence required in Section IX.)

Block 14- Select the amount that you would like your retired pay to be based upon

FULL RETIRED PAY-the annuity will be 55 percent of the level of coverage chosen. If annuity is being divided equally among eligible children, the amount paid will be equal to a total of 55 percent of retired pay

REDUCED AMOUNT OF RETIRED PAY-if you choose this option, the amount cannot be less than \$300. Spouse concurrence is required if this option is selected.

SECTION VI-INSURABLE INTEREST COVERAGE

PAGE THREE

MEMBER NAME (Last, First, Middle Initial)	SSN
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Place your Last name, First name and Middle initial in the MEMBER NAME box and your SSN in SSN box at the top of the page

Section VII Block 16 is continued.

SECTION VII - REMARKS (Continued)
16. (Continued)

SECTION VIII-MEMBER SIGNATURE

SECTION VIII - MEMBER SIGNATURE	
THE MEMBER'S SIGNATURE MUST BE WITNESSED. The witness cannot be the member's spouse, or beneficiary	
17. SIGNATURE OF MEMBER	18. DATE SIGNED (YYYYMMDD)
19.a. PRINTED NAME OF WITNESS (Last, First, Middle Initial)	b. SIGNATURE
c. MAILING ADDRESS OF WITNESS (Include ZIP Code)	d. DATE SIGNED (YYYYMMDD)

Your signature must be witnessed and cannot be witnessed by a spouse or beneficiary

Block 17- Enter your Signature

Block 18-Date Signed

Block 19a- The witness enters their Last Name, First Name and Middle initial

