

CUSTODIANSHIP CERTIFICATE TO SUPPORT CLAIM ON BEHALF OF MINOR CHILDREN OF DECEASED MEMBERS OF THE ARMED FORCES			OMB No. 0730-0010 OMB approval expires September 30, 2026
<p>The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-informationcollections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.</p> <p>PLEASE DO NOT SEND YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO: Defense Finance and Accounting Service, U.S. Military Annuitant Pay, 8899 E. 56th Street, Indianapolis, IN 462469-1300.</p>			
1. MEMBER'S NAME (Last, First, Middle)			2. SSN
3. CHILD(REN) IN CUSTODY			
a. FULL NAME (Last, First, Middle)	b. SSN	c. DATE OF BIRTH (YYYYMMDD)	d. RELATIONSHIP TO MEMBER
4. CUSTODIAN'S RELATIONSHIP TO ABOVE CHILD(REN)			
5. CERTIFICATION (X as applicable)			
<input type="checkbox"/> This is to certify that the above named child(ren) is an (are) unmarried minor child(ren) of a deceased military member.			
<input type="checkbox"/> This is to certify that the above named child(ren) is (are) at least 18 but under 22 attending a school, technical or vocational institute, junior college, university or comparable recognized educational institution.			
<input type="checkbox"/> This is to certify that the above named child(ren) is (are) in my care and is incapable of self-support because of a mental or physical incapacity incurred before his/her 18th birthday or incurred before age 22 during a full-time course of study or training. A physician's statement attesting the date and extent of incapacity is attached.			
I further certify that no legal fiduciary appointment is contemplated on behalf of the child(ren) listed above and that all funds received will be used for their care and benefit. Also, I will immediately notify Defense Finance and Accounting Service, US Military Annuitant Pay, 8899 E. 56th Street, Indianapolis, IN 46249-1300, if the status of (any of) the child(ren) is terminated for any reason whatsoever.			
WARNING: The penalty for presenting false claims or making false statements in connection with claims is a fine of not more than \$10,000 or imprisonment for not more than 5 years, or both (Act of June 25, 1948, 18 U.S.C. 287, 1001).			
a. PRINTED NAME OF CUSTODIAN (Last, First, Middle Initial)	b. SIGNATURE OF CUSTODIAN		c. DATE SIGNED (YYYYMMDD)
d. STREET ADDRESS	CITY	STATE	ZIP CODE
6. REMARKS			

INSTRUCTIONS FOR COMPLETING DD FORM 2790

Item 1. Enter deceased military member's name. Continue to item 2.

Item 2. Enter social security number of the deceased military member. Continue to Item 3.

Item 3. Enter the name, social security number, date of birth, and relationship of each eligible child(ren). Continue to item 4.

Item 4. The Custodian enters their relationship to each of the above child(ren). Continue to Item 5.

Item 5. Place an "X" in each applicable statement. Continue to Item 5a.

Item 5a. Print name of Custodian. Continue to Item 5b.

Item 5b. Print Signature of Custodian. Continue to Item 5c.

Item 5c. Print date signed. Continue to Item 5d.

Item 5d. Print street address, city, state and zip code. Continue to item 6.

Item 6. Place any remarks if applicable.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C., Chapter 73, Annuities Based on Retired or Retainer Pay; and E.O. 9397 (as amended), Numbering System for Federal Accounts Relating to Individual Persons.

PRINCIPAL PURPOSE(S): This information is required to identify the custodian of an unmarried minor child(ren), incapacitated child, or child at least 18 but under 22 who is attending school and is a child of a deceased military member. The Defense Finance and Accounting Service (DFAS) requires this information to pay or release Survivor Benefit Plan (SBP), and Reserve Component Survivor Benefit Plan (RCSBP) funds and/or arrears of retired pay for the benefit of the children. Applicable SORN: T7347b, Defense Military Retiree and Annuity Pay System Records at:

(<http://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570196/t7347b>).

PIA for Defense Retired and Annuitant System is available at:

([https://www.dfas.mil/dam/jcr:5cf8a068-89c7-47eb-b844-1e2020ed5f73/Defense%20Retiree%20and%20Annuitant%20Pay%20System%20\(DRAS\)%202016.pdf](https://www.dfas.mil/dam/jcr:5cf8a068-89c7-47eb-b844-1e2020ed5f73/Defense%20Retiree%20and%20Annuitant%20Pay%20System%20(DRAS)%202016.pdf)).

ROUTINE USE(S): In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records, or information contained therein, may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows: to the Internal Revenue Service, the Department of Veterans Affairs, or trustees or guardians of survivors (children). It may also be disclosed for any of the "Blanket Routine Uses" at <http://dpcl.d.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx>.

DISCLOSURE: Voluntary; however, if DFAS does not receive this information it may result in non-payment of annuity.