

**AUTHORIZATION FOR RETIRED SERVICEMAN'S FAMILY PROTECTION PLAN (RSFPP)
AND/OR SURVIVOR BENEFIT PLAN (SBP) COSTS DEDUCTION****PRIVACY ACT STATEMENT****AUTHORITY:** Executive Order 9397; 10 U.S.C. Sections 1438 and 1452(d).**PRINCIPAL PURPOSE(S):** The purpose is to obtain the military member's authorization to deduct the costs for either RSFPP or SBP from the member's Department of Veterans Affairs (VA) monthly compensation or pension payments. These payments are to be sent to the Defense Finance and Accounting Service by the VA.**ROUTINE USE(S):** The information on this form may be disclosed as generally permitted under 5 U.S.C. Section 552(a)(b) of the Privacy Act of 1974, as amended. It may also be disclosed outside of the Department of Defense to the Department of Veterans Affairs (VA) relating to payments for RSFPP or SBP costs, to the spouses or former spouses who are designated either by the member or by a court order or filing order under 10 U.S.C. Sections 1448(a) or 1450(f)(3) to be the recipient of the retiree's SBP or RSFPP annuity, so they can determine if coverage is in effect or has been implemented. In addition, other Federal, State, or local government agencies, which have identified a need to know, may obtain this information for the purpose(s) identified in the DoD Blanket Routine Uses as published in the Federal Register.**DISCLOSURE:** Disclosure is voluntary; however, failure to provide the information may result in a significant delay in the processing of your request to deduct the RSFPP or SBP costs from your VA compensation or pension payments.**SECTION I - TO BE COMPLETED BY MEMBER**

1. I hereby authorize the Department of Veterans Affairs (VA) to deduct ☐ \$ _____ for SBP and/or ☐ \$ _____ for RSFPP costs, beginning 1 _____, _____ and each month thereafter from any compensation or pension payments due me. I also understand that when there is a cost-of-living increase for SBP, the SBP cost will increase accordingly. The Defense Finance and Accounting Service - Cleveland Center will inform the VA office, listed in Section II of this form, of the new rate of deduction and the month in which the increase becomes effective. The premium cost is required under the authority of 10 U.S. Code, Section 1438 or 1452(d). Deductions are to be forwarded each month to: Defense Finance and Accounting Service, DFAS-CL, SBP and RSFPP Remittance, P.O. Box 979013, St. Louis, MO 63197-9013.

a. SIGNATURE**b. DATE (YYYYMMDD)****SECTION II - TO BE COMPLETED BY THE VA**

FOR VA ONLY: To assist in the identification of this deduction amount for proper deposit, please annotate the voucher which accompanies the check payment with the purpose "SBP" or "RSFPP" separately listed and each member's full name and Social Security number. Deductions are to be forwarded to: Defense Finance and Accounting Service, DFAS-CL, SBP and RSFPP Remittance, P.O. Box 979013, St. Louis, MO 63197-9013.

1. MEMBER'S NAME (*Last, First, Middle*)**2. SOCIAL SECURITY NUMBER****3. VA CLAIM NUMBER****C****4. VA OFFICE NAME AND ADDRESS****5. SBP MONTHLY DEDUCTION****\$****6. RSFPP MONTHLY DEDUCTION****\$****7. SUBMISSION DATE**
(YYYYMMDD)