

## Instructions for Completing Application for Annuity (CG-1884)

<b>Part A</b>	Self-explanatory.
<b>Part B</b>	<p>Numbers 4, 5, 6 and 7. Self-explanatory.</p> <p>Number 8. Any correspondence (i.e. tax forms, annual certifications, etc.) and the Retiree Newsletter will be sent to the address you provide in this box.</p> <p>Number 9. Self-explanatory.</p> <p>Number 10. To be completed by current spouse.</p> <p>Number 11. To be completed by former spouse, if applicable..</p> <p>Number 12. If you are receiving a survivor annuity from a deceased retiree from any branch of the armed forces, you are not eligible for an annuity from a Coast Guard retiree.</p>
<b>Part C</b>	If a child is a minor or an incapacitated child, provide custodian information.
<b>Part D</b>	Self-explanatory.
<b>Part E</b>	If information required is not known, contact your financial institution.
<b>Part F</b>	<p><b>Federal Income Tax Withholding (FITW).</b> You may change your elected withholding, or elect no withholding, at any time by submitting an IRS Form W-4P.</p> <p><b>State Income Tax Withholding.</b> Although most states consider annuities as taxable income, we <b>cannot</b> withhold state income tax from annuities.</p>
<b>Part G</b>	An annuitant whose application is signed with an “X” must be witnessed (two disinterested persons) or notarized or countersigned by the person holding power of attorney. A copy of the power of attorney and explanation why the annuitant required assistance must be submitted.
<b>Express Annuity Start</b>	To enable RAS to start benefit processing under the Express Annuity Start system, please complete Form CG-1884 and mail it to us. This form will be retained in your retired file and information verified to start the survivor benefits.
<b>Questions</b>	If you have any questions or concerns please call your pay technician at 1-800-772-8724.

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DEPARTMENT OF HOMELAND SECURITY  
U.S. Coast Guard

**APPLICATION FOR ANNUITY UNDER THE SURVIVOR BENEFIT PLAN (SBP),  
RESERVE COMPONENT SURVIVOR BENEFIT PLAN (RCSBP),  
RETIRED SERVICEMAN'S FAMILY PROTECTION PLAN (RSFPP) and/or  
FINAL RETIRED PAY DUE**

**PRIVACY ACT STATEMENT**

Any "collection of information" as defined in the Paperwork Reduction Act of 1995 (codified at 44 U.S.C. 3501 et seq) on this form has not been approved by the Director of the Office of Management and Budget (OMB) and does not display a valid control number assigned by the Director. Therefore, no person shall be subject to any penalty for failing to comply with any such collection of information.

**Authority:** Collection of this information is authorized by: 10 U.S.C. Chapters 73 and 165; DOD Financial Management Regulation, Volume 7B, Chapters 30, 37, 49, and 54; and E.O. 9397.

**Purpose:** The Coast Guard Pay & Personnel Center will use this information to verify eligibility of a surviving spouse, dependent child, former spouse, or natural person with an insurable interest for an annuity under the Survivor Benefit Plan (SBP) and/or Retired Servicemans Family Protection Plan (RSFPP). The information will also be used to verify eligibility for final retired pay arrears due a deceased Coast Guard, PHS, or NOAA member.

**Routine Uses:** The information will be used by the Coast Guard Pay & Personnel Center to establish a survivor annuity account. The information may be shared with the Internal Revenue Service for tax purposes, and with the Department of Veterans Affairs in conjunction with administration of DVA compensation.

**Disclosure:** Disclosure of this information (including your SSN) is voluntary; however, failure to furnish the requested information will delay payment of annuities and final pay arrears.

**PART – INFORMATION ABOUT THE DECEASED MEMBER**

1. Name ( <i>Last, First, Middle Initial</i> )	2. Employee ID Number	3. Date of Death
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**PART B – SURVIVING SPOUSE/FORMER SPOUSE, INSURABLE INTEREST INFORMATION**

4. Name ( <i>Last, First, Middle Initial</i> )		5. Social Security Number	6. Date of Birth
7. Area Code and Telephone Number	8. Correspondence Mailing Address ( <i>including zip/postal code</i> )		9. What is your country of citizenship?
10. Were you legally married to the deceased at the time of death?			<input type="checkbox"/> Yes <input type="checkbox"/> No
10a. <i>If yes, provide</i> , Place of Marriage:		10b. Date of Marriage:	
11. If former spouse, have you remarried? ( <i>If yes, provide place and date of remarriage</i> )			<input type="checkbox"/> Yes <input type="checkbox"/> No
11a. Place of Remarriage:		11b. Date of Remarriage:	
12. Are you receiving a survivor annuity on behalf of any other deceased military member? ( <i>If yes, provide deceased member's name, social security number, branch of service and monthly amount below</i> )			<input type="checkbox"/> Yes <input type="checkbox"/> No
12a. Name of Deceased Member	12b. Social Security Number	12c. Branch of Service	12d. Amount

**PART C – ELIGIBLE CHILDREN OF THE DECEASED UNDER THE AGE OF 23 OR INCAPABLE OF SELF-SUPPORT**

13a. Name		13f. Name, Address, Relationship and Telephone Number of Custodian	
13b. Social Security Number	13c. Date of Birth		
13d. Marital Status	13e. Full-Time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship	Telephone
14a. Name		14f. Name, Address, Relationship and Telephone Number of Custodian	
14b. Social Security Number	14c. Date of Birth		
14d. Marital Status	14e. Full-Time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship	Telephone
15a. Name		15f. Name, Address, Relationship and Telephone Number of Custodian	
15b. Social Security Number	15c. Date of Birth		
15d. Marital Status	15e. Full-Time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship	Telephone

