Instructions for Completing Application for Annuity (CG-1884)

| Part A | Self-explanatory. | | | | | | |
|-----------------------------|--|--|--|--|--|--|--|
| Part B | Numbers 4, 5, 6 and 7. Self-explanatory. | | | | | | |
| | 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. | | | | | | |
| | Number 9. Self-explanatory. | | | | | | |
| | Number 10. To be completed by current spouse. | | | | | | |
| | Number 11. To be completed by former spouse, if applicable | | | | | | |
| | 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. | | | | | | |
| Part C | If a child is a minor or an incapacitated child, provide custodian information. | | | | | | |
| Part D | Self-explanatory. | | | | | | |
| Part E | If information required is not known, contact your financial institution. | | | | | | |
| Part F | Federal Income Tax Withholding (FITW). You may change your elected withholding, or elect no withholding, at any time by submitting an IRS Form W-4P. State Income Tax Withholding. Although most states consider annuities as taxable income, we cannot withhold state income tax from annuities. | | | | | | |
| Part G | 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. | | | | | | |
| Express Annuity Start | 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. | | | | | | |
| Questions | 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 (Last, First, Middle Initial |) | | 2. Employee ID Number | | | 3. Date of Death | | | | | |
| PART B – SURVIVING SPOUSE/FORMER SPOUSE, INSURABLE INTEREST INFORMATION | | | | | | | | | | | |
| 4. Name (Last, First, Middle Initial |) | | 5. Social Security Number | | per | r 6. Date of Birth | | | | | |
| 7. Area Code and Telephone Nun | ber 8. Correspondence | Mailing Address (including zip/ | ípostal cod | le) | 9. What i | is your cou | ntry of citizenship? | | | | |
| 10. Were you legally married to th | e deceased at the time of de | eath? | | Yes | | No No | | | | | |
| 10a. If yes, provide, Place of Marr | iage: | 10b. Date of Ma | | Marriage: | | | | | | | |
| 11. If former spouse, have you rer | married? (If yes, provide plac | ce and date of remarriage) | | C | Yes | 🗌 No | | | | | |
| 11a. Place of Remarriage: | | | | 11b. Date of | Remarria | ge: | | | | | |
| 12. Are you receiving a survivor a (If ves. provide deceased member | | er deceased military member? mber, branch of service and monthly amount below) | | | | Yes | No No | | | | |
| 12a. Name of Deceased Member | | 12b. Social Security Number | · · | anch of Servic | e | | 12d. Amount | | | | |
| PART C – ELIGIBLE CHILDR | EN OF THE DECEASED | O UNDER THE AGE OF 23 | OR INC | APABLE OF | SELF-SU | JPPORT | | | | | |
| 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? | Relationship | | | Telephone | | | | | | |
| 14a. Name | 14f. Name, Address, Relatior | nship and ⁻ | Telephone Nu | mber of Cu | ustodian | | | | | | |
| 14b. Social Security Number | 14c. Date of Birth | | | | | | | | | | |
| 14d. Marital Status | 14e. Full-Time Student? □Yes □No | Relationship | | | Telephor | ne | | | | | |
| 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? | Relationship | | | Telephor | ne | | | | | |

| PART D – GUARDIAN INFORMATION | | | | | | | | | | |
|--|--|------------------------|-------------|--|-------------|--|--|--|--|--|
| 16. Has a guardian been appointe If yes, provide a copy of the cou | Yes | No No | | | | | | | | |
| PART E – DIRECT DEPOSIT INFORMATION | | | | | | | | | | |
| 17a. Continue direct deposit to the same account used for member's retired pay. (Continue to Part F) 17b. Direct deposit account shown below. (Complete blocks 18 through 19b or attach a blank voided check) 18. Type of Account: Checking Savings 19a. Routing Transit Number: Checking Check Digit | | | | | | | | | | |
| 19b. Account Number | | | | | | | | | | |
| PART F – FEDERAL INCOME | TAX WITHHOLDING INFORMA | TION | | | | | | | | |
| 20. I do not want any federal | tax withheld from my annuity. (Contin | ue to Part G) | | | | | | | | |
| 21. Marital Status (check one): Single, Married or Married but withhold at higher single rate | | | | | | | | | | |
| 22. Total No. of Exemptions Clain | 22. Total No. of Exemptions Claimed: 23. Additional Withholding (optional): \$ | | | | | | | | | |
| PART G – AFFIDAVIT AND SI | GNATURE | | | | | | | | | |
| 24. I certify that all statements on this claim are true to the best of my knowledge, information, and belief. I certify that no evidence to the settlement of this claim has been suppressed or withheld. I understand that any false statement on this claim, or any misrepresentation relative thereto, is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 10 years or both (32 Stat. 197; 18 U.S.C. 10). I understand under the law, I cannot receive both a CG, PHS, or NOAA Annuity and Dependency & Indemnity Compensation (DIC) in full amounts from the same retiree. I am only entitled to the amount of the CG, PHS, or NOAA annuity that exceeds the DIC spouse payment. If any overpayments of CG, PHS, or NOAA benefits occur, I authorize the Department of Veteran Affairs to repay the Coast Guard, PHS, or NOAA the Amount of the overpayment from the DIC payments to which I may become entitled. | | | | | | | | | | |
| 24a. Date | 24b. Signature of Applicant | | | | | | | | | |
| WITNESSES REQUIRED ONL | Y IF SIGNATURE OF APPLICAN | NT IS MADE BY "X" N | IARK ABOVE. | | | | | | | |
| An annuitant whose application is signed with an "X" must be witnessed (by 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 also be submitted | | | | | | | | | | |
| 25. (PRINT) Witness Name (Last, | 25a. Witness Si | 25a. Witness Signature | | | | | | | | |
| 25b. Witness Address (Street, City | 25c. Witness Te | elephone Number | 25d. Date | | | | | | | |
| 26. (PRINT) Witness Name (Last, F | 26a. Witness Si | 26a. Witness Signature | | | | | | | | |
| 26b. Witness Address (Street, City | 26c. Witness Te | elephone Number | 26d. Date | | | | | | | |
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