

**APPLICATION FOR TRUSTEESHIP**

OMB No. 0730-0013  
OMB approval expires

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**RETURN COMPLETED APPLICATION TO:** **Defense Finance and Accounting Service**  
**Retired Pay Department**  
**P.O. Box 998021**  
**Cleveland, OH 44199-8021**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 37 USC, Chapter 11, Section 602, "Pay and Allowances of the Uniformed Services - Payments to Mentally Incompetent Persons," Department of Defense (DoD) Financial Management Regulation (FMR) 7000.14, Volume 7A, Chapter 33, "Certifying Officers, Departmental Accountable Officials, and Review Officials," DoDFMR 7000.14, Volume 7B, Chapter 16, "Physical or Mental Incapacitation," and E.O. 9397, "Numbering System for Federal Accounting Relating to Individual Persons."

**PRINCIPAL PURPOSE:** To apply for appointment of trusteeship for a mentally incompetent member of the uniformed services who may be either on active duty or retired. The SORNs covered by this system are: T7347b, Defense Military Retiree and Annuitant Pay System at: <http://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570196/t7347b/>. The PIAs covered by this system are: Defense Retired and Annuitant Pay System at: [http://www.dfas.mil/dam/jcr:4c735dde-6b84-4f24-8153-bd83643c98b1/PIA\\_DRAS\\_2010.pdf](http://www.dfas.mil/dam/jcr:4c735dde-6b84-4f24-8153-bd83643c98b1/PIA_DRAS_2010.pdf).

**ROUTINE USE(S):** The information on this form may be disclosed as generally permitted under 5 U.S.C. Section 552a(b) of the Privacy Act, as amended. It may also be disclosed outside of the Department of Defense to the Internal Revenue Service for tax purposes, Department of Veterans Affairs, and Social Security Administration, regarding pay entitlements, American Red Cross for locator service; and military aid societies for family assistance. 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 published at <http://dpcld.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx>.

**DISCLOSURE:** Disclosure is voluntary; however, if the information is not provided, an appointment of a trustee cannot be made.

**SECTION I - INFORMATION ABOUT THE SERVICE MEMBER**

<b>1. NAME</b> (Last, First, Middle Initial)	<b>2. SOCIAL SECURITY NUMBER</b>	<b>3. BRANCH OF SERVICE</b>	<b>4. RANK</b>
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<b>5. CURRENT ADDRESS</b> (Street, Apartment Number, City, State, and ZIP Code)	<b>6. TELEPHONE</b> (Include Area Code)
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**7. STATUS OF MEMBER** (X one) (If member is not at home, give name and address of facility)

<input type="checkbox"/> HOSPITALIZED/ NURSING HOME	<input type="checkbox"/> HOME	<input type="checkbox"/> OTHER (Specify)
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**SECTION II - APPLICATION FOR TRUSTEESHIP**

**8. I,** \_\_\_\_\_, request that I be designated Trustee to receive and administer payments of active duty or retired pay on behalf of the above cited member who is unable to manage his/her own financial affairs. I certify that I am 21 years of age, or older, and that I have reasonable cause in maintaining funds for the welfare and benefit of the cited member.

My relationship to the cited member is:

<input type="checkbox"/> LAWFUL SPOUSE	<input type="checkbox"/> CHILD	<input type="checkbox"/> OTHER (Specify)
<input type="checkbox"/> HEAD OF INSTITUTION OF CONFINEMENT	<input type="checkbox"/> PARENT	<input type="checkbox"/> ADOPTED CHILD

**9. MEMBER'S IMMEDIATE FAMILY** (Attach continuation sheet if necessary)

a. NAME	b. DATE OF BIRTH	c. ADDRESS	d. RELATIONSHIP
(Last, First, Middle Initial)	(YYYYMMDD)	(Street, City, State, ZIP Code)	
NEEDS DD 67			

**10. CONDITIONS**

Regulations established pursuant to appointing a Trustee to receive pay on behalf of mentally incompetent members who are incapable of handling their own financial affairs, provided a guardian or other legal representative has not been appointed by a court of competent jurisdiction, require the Trustee named to:

- Provide a suitable bond, paid from amounts due the member, when payments can reasonably be expected to exceed \$1,000.
- Post a new bond equal to the Trustee bank account balance, plus the projected accrual for 12 months following the date of such balance, if requested to do so by the Director of the appropriate Defense Finance and Accounting Service Center.
- Deposit all funds in a special bank account and draw checks in the name of the Trustee or persons to whom payments are made.

**THE TRUSTEE WILL NOT DRAW CHECKS TO "CASH" OR PAYABLE TO THE MEMBER.**

- Serve the best interests of the member without fee of any kind. Trustee may not obligate funds for attorney fees or similar charges.
- Obtain prior approval before expending funds on other than ordinary items needed for member's maintenance, care and comfort.
- Submit financial reports on a recurring basis, as may be directed, using the form furnished. Support all expenditures with cancelled checks or receipts and bank statements showing balances.

Trusteeship is subject to termination upon death of the member; death or disability of Trustee; appointment of a committee, guardian or fiduciary by a competent court; failure of Trustee to render reports; improper use of DoD funds; medical determination of member's return to competency; or discretion of the Director of the appropriate DFAS Center.

<b>11. APPLICANT'S SIGNATURE</b>	<b>12. ADDRESS</b> (Street, City, State, ZIP Code)	<b>13. TELEPHONE</b> (Include Area Code)	<b>14. DATE</b> (YYYYMMDD)
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**SECTION III - DESIGNATION OF TRUSTEE (Do not write in this area.)**

\_\_\_\_\_ is hereby appointed as Trustee to receive and disburse funds on behalf of the mentally incompetent member of the United States military named above. This designation is contingent on compliance with the instruction given by DFAS-CL/DE personnel.

<b>15. DESIGNATOR NAME</b> (Last, First, Middle Initial)	<b>16. TITLE</b>	<b>17. SIGNATURE</b>	<b>18. DATE</b> (YYYYMMDD)
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