Form Approved: OMB Number: 3206-0174

Survivor Annuity Election for a Spouse

| Your full name (Please print) | Your claim number |
|---|--|
| | CSA: |
| Please Provide the Following information About Your Spou | ıse |
| Spouse's full name (Please print) | Spouse's Social Security Number |
| Spouse's date of birth | Date of marriage (Your election must be received within two years after this date) |
| the accompanying letter. I understand that this election termina Pamphlets are available on https://www.servicesonline.opm.gov (Choose <i>one</i> of the following as a base for computing the survivor I elect the maximum survivor annuity benefit. I elect a survivor annuity benefit equal to \$ | ivor annuity) per month. (Specify a whole dollar amount. nefit for a former spouse, I understand that I must file a specific written election |
| | |
| Important: You Cannot Revoke This Election. | lp., |
| Your signature (Do not print) | Date |
| Email address | Daytime telephone number |
| | () |
| To elect <i>no survivor benefit</i> for your spouse, write your initials in the I have read the enclosed information and have decided not to p | |
| Your signature electing no survivor benefits (<i>Do not print</i>) | Date |
| Pri | vacy Act Statement |
| Pursuant to 5 U.S.C. § 552a(e)(3), this Privacy Act Statement serves to | o inform you of why OPM is requesting the information on this form, Authority: OPM |

is authorized to collect this information requested on this form by 5 U.S.C. § 8341 (Civil Service Retirement) and 5 U.S.C., chapter 84, subchapter IV (Federal Employees' Retirement). OPM is authorized to collect your spouse's Social Security number by Executive Order 9397 (November 22, 1943), as amended by Executive Order 13478 (November 18, 2008). **Purpose:** OPM is requesting this information in order to determine your eligibility to receive a reduced annuity and to give a survivor annuity to your spouse. OPM will use this information primarily to determine your eligibility to receive a reduced annuity and to give a survivor annuity to your spouse. Routine Uses: The information requested on this form may be shared externally as a "routine use" to other Federal agencies and third-parties when it is necessary to process your election. For example, OPM may share your information with other Federal, state, or local agencies and organizations in order to determine your benefits under their programs, to obtain information necessary for a determination of your disability retirement benefits, or to report income for tax purposes. OPM may also share your information with law enforcement agencies if it becomes aware of a violation or potential violation of civil or criminal law. A complete list of the routine uses can be found in the OPM/CENTRAL 1 Civil Service Retirement and Insurance Records system of records notice, available at www.opm.gov/privacy. Consequences of Failure to Provide Information: Providing this information to OPM is voluntary. However, failure to provide this information may delay or prevent OPM from being able to reduce your annuity and provide a survivor annuity to your spouse.

Public Burden Statement

We estimate the election takes an average 45 minutes per response to complete, including the time for reviewing instructions, getting the needed data and reviewing the completed form. Send comments regarding our estimate or any other aspect of this form, including suggestions for reducing completion time, to the U.S. Office of Personnel Management, Retirement Services Publications Team (3206-0174), Washington, DC 20415-0001. The OMB Number, 3206-0174, is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.