

(DFAS-HGA/CL)

Month DD, YYYY
LAST NAME, FIRST NAME
1234

[FIRST NAME LAST NAME] [BRANCH] (RET)
STREET ADDRESS
CITY ST ZIP

Dear [FIRST NAME LAST NAME]:

This letter is in reference to the application from [CLAIMANT NAME] for payment of a portion of your retired/retainer pay. Copies of the court order and accompanying documentation were previously sent to you. If the court order has been amended, superseded, or set aside, it is your responsibility to notify us within 30 days of the date of this letter and provide court-certified copies of the pertinent documentation.

Unless we receive such notice, direct payments to your former spouse should tentatively commence [MONTH YEAR], with the first payment issued on the first of [MONTH+1 YEAR]. Payments for each month are generally issued on the first of each month thereafter. Such payments cannot exceed 50 percent of a member's disposable retired/retainer pay.

If your former spouse's entitlement to payments under the USFSPA terminates, it is your responsibility to notify us so that we can stop payments in a timely manner.

You must include your social security number on all correspondence to this office. If you have any questions, you may contact us through the DFAS WEB page at www.dfas.mil/garnishment.html or call the Customer Service Section at 1-888-DFAS411(332-7411).

Sincerely,

[User Name]
[User Title]

M - 4

LETTER TO MEMBER: RETIRED - PREAPPROVED TO ADD - TC 05, 06 or 07
Release 10.45 Letterhead
Amended 2/2008