

(DFAS-HGA/CL)

Month DD, YYYY
MEMBER LAST, MEMBER FIRST
1234

CLAIMANT FIRST NAME LAST NAME
STREET ADDRESS
CITY ST ZIP

Dear [FIRST NAME LAST NAME]:

This letter is in reference to your previous application for payment of a portion of the retired/retainer pay of the above-named member under the Uniformed Services Former Spouses' Protection Act (10 U.S.C. § 1408).

If the member does not provide an order which supercedes the order you submitted, payments 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. The amount withheld cannot exceed 50 percent of the member's disposable pay. If any mandatory adjustments occur to the member's disposable pay, your payments will be adjusted accordingly. To obtain IRS Form W-4P through the internet, visit the IRS web site at <http://www.irs.gov/formspubs>. Please submit the completed W-4P form to the Retired Pay office at the address provided in the paragraph below.

If your right to this payment is adjusted or terminated, it is your responsibility to notify this office immediately. Additionally, it is your responsibility to notify us of any changes to your payment or correspondence address. If you have access to [myPay](#), you may update your account online. If you do not have access to [myPay](#), you need to send a written request, to DFAS Garnishment Operations at the address above. Please include your name, the member's name and social security number, and your signature. Also, include a copy of a voided check with the banking information clearly showing or a direct deposit form which can be obtained through our website www.dfas.mil/garnishment.html.

If your divorce decree specifies that you are to be designated as a former spouse beneficiary for the Survivor Benefit Plan (SBP), you must make a 'deemed election' for SBP coverage within one year of the date of your divorce or other court order requiring SBP coverage for you directly to DFAS Garnishment Operations, PO Box 998002, Cleveland, OH 44199-8002. The request must be submitted using a DD Form 2656-10. To obtain a copy of the form and other useful SBP information through the internet, visit the DFAS website at: <http://www.dtic.mil/whs/directives/infomgt/forms/efoms/dd2656-10.pdf>.

You must include the member's 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 - 33

LETTER TO CLAIMANT: MEMBER RETIRED - PREAPPROVED TO ADD HONOR - TC 07
SCR 2151
Amended 10/2016