



DEFENSE FINANCE AND ACCOUNTING SERVICE
Retired and Annuitant Pay
P.O. Box 7131 - Annuitant Pay
London, KY 40742-7131
www.dfas.mil/retiredmilitary.html

Month XX, 20XX

Dear _____ :

This correspondence is in reference to your recent request. We need additional information before we can update your account. Please provide the information on the enclosed form and return it in the envelope we have provided.

- ☐ Full first name, middle initial and last name: Box
- ☐ Social Security Number (SSN) of the annuitant: Box
- ☐ Social Security Number (SSN) of the retiree: Box
- ☐ The following supporting document(s): _____ .
- ☐ Complete, sign and return enclosed form(s).
- ☐ Signature required.
- ☐ Other: _____ .

If you have any further questions, you can contact one of our customer care representatives at 800-321-1080 or 216-522-5955, between 8:00 a.m. and 5:00 p.m., Eastern Standard Time, Monday through Friday, or write to us at the address above.

Sincerely,

Military Pay Technician
Retired and Annuitant Pay

Enclosures:
As stated