

CERTIFICATE OF ELIGIBILITY

Date:

Member's Name:

Member's SSN:

Annuitant's Name:

Annuitant's SSN:

We have not received the Certificate of Eligibility (COE) we previously sent you. We have suspended your annuity until we receive a completed COE. Our records show you may have some money due you. Please COMPLETE, SIGN, and RETURN this COE to DFAS-DE/FRB, 6760 East Irvington Place, Denver, CO 80279-6000. If you have any questions, call toll free 1-800-435-3396 or use our toll free FAX 1-800-982-8459.

Your marital status is required to update your account, please place an 'X' in the applicable box:

I did not marry in the past year.

I married in the past year (please attach a copy of your marriage certificate).

I certify I am the annuitant or the annuitant's legal representative (custodian, trustee, guardian, legal fiduciary, or power of attorney) and the information given is correct. I will promptly notify DFAS-DE/FRB, at the above address, if any change occurs in my (the annuitant's) marital status. If this COE is signed by a legal representative for the first time, a photocopy of the legal document must be attached. Date

Signature:	Date
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Are you the legal representative? Please place an 'X' in the box below:

Yes

Has your address changed? Please place an 'X' in the box below:

Yes New Street Address: _____

City, State, Zip Code: _____

Note: Penalty for presenting false claims or making false statements in connection with claims. Fine of not more than \$10,000 or imprisonment for not more than 5 years, or both (18 USC 1001)

PRIVACY ACT STATEMENT: AUTHORITY 37 USC, Chapter 11; EO 9397, Nov 1943

PRINCIPAL PURPOSE: This information is used to determine the continued eligibility of the annuitant for annuity payments. ROUTINE USES: Records from this system of records may be disclosed to the Department of Veterans Affairs (VA). DISCLOSURE: Disclosure is voluntary; however, failure to provide information will result in suspension of annuity payments.