

**DEPARTMENT OF HOMELAND SECURITY**  
**U.S. Coast Guard**  
**DESIGNATION OF BENEFICIARY FOR PAYMENT OF UNPAID RETIRED PAY**

1. Name <i>(First, Middle, Last)</i>	2. Grade/Rate	3. Employee ID
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Under the provisions of Section 2771, Title 10, U.S. Code, and 4 CFR Part 34, you may designate whomever you wish to receive unpaid retired pay due at the time of your death.

I HEREBY designate the following beneficiary(ies) to receive retired pay due and payable at my death.  
I am aware that under the provisions of Section 2771, Title 10, U.S. Code, and 4 CFR Part 34, this designation will remain in effect unless canceled or changed by me.

**4. Designated Beneficiary/Beneficiaries (See examples on reverse)**

NAME <i>(First, Middle Initial, Last)/SSN</i>	RELATIONSHIP	ADDRESS <i>(Including Zip Code)</i> and Phone Number <i>(Including Area Code)</i>	DATE of BIRTH <i>(DDMMYYYY)</i>	SHARE <i>(Total must equal 100%)</i>
a.				
Social Security Number:				
b.				
Social Security Number:				
c.				
Social Security Number:				
d.				
Social Security Number:				

5. Date	6. Signature of Retired Member	7. Signature of Witness <i>(over 18 years old and not a member of your family)</i>
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8. Current Address <i>(Including Zip Code)</i> and Phone Number <i>(Including Area Code)</i> of Retired Member	9. Address of Witness <i>(Including Zip Code)</i> and Phone Number <i>(Including Area Code)</i>
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If none of the above beneficiaries survive you, or if you have not designated a beneficiary at the time of your death, pay that is due and payable will be paid in the following order of precedence:

- (1) Surviving spouse.
- (2) Children and their descendants, by representation.
- (3) Father and mother in equal parts or, if either is dead, the survivor.
- (4) Legal representative.
- (5) Person entitled under the law of the domicile of the deceased member.

When doubt exists as to the person(s) properly entitled to payment, settlement will be made by the Defense Office of Hearings and Appeals (DOHA).

MAIL TO: <b>COMMANDING OFFICER (RAS)</b> <b>USCG PAY &amp; PERSONNEL CENTER</b> <b>444 SE QUINCY ST</b> <b>TOPEKA, KS 66683-3591</b>	<b>If any of your designated beneficiaries dies, or if you divorce, you must submit a new CGPPC-3600 form immediately.</b>
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**SEE PRIVACY ACT STATEMENT ON REVERSE**

## EXAMPLES OF DESIGNATIONS

### How to designate one beneficiary:

NAME (First, Middle Initial, Last)	RELATIONSHIP	ADDRESS (Including ZIP Code) AND PHONE NUMBER (Including Area Code)	DATE of BIRTH (DDMMYYYY)	SHARE (Total must equal 100%)
Jane L. Doe*	Sister	2808 Southern Ave. Williams IN 46728 785-339-3415	07JUL1965	100%
Social Security Number: 123-45-6789				

### How to designate MORE than one beneficiary:

NAME (First, Middle Initial, Last)	RELATIONSHIP	ADDRESS (Including ZIP Code) AND PHONE NUMBER (Including Area Code)	DATE of BIRTH (DDMMYYYY)	SHARE (Total must equal 100%)
Jane L. Doe**	Aunt	110 Prince St. Anniston NY 14607 785-339-3415	13JUL1950	25%
Social Security Number: 123-45-6789				
Jenny P. Doe	Niece	230 Duke St. Anniston NY 14607 785-339-3415	20JUL1992	25%
Social Security Number: 123-45-6789				
Janet F. Doe	Mother	2301 State St. Weaver OH 44405 785-339-3415	26JUL1949	50%
Social Security Number: 123-45-6789				

### How to designate a contingent beneficiary:

NAME (First, Middle Initial, Last)	RELATIONSHIP	ADDRESS (Including ZIP Code) AND PHONE NUMBER (Including Area Code)	DATE of BIRTH (DDMMYYYY)	SHARE (Total must equal 100%)
John R. Doe, if living	Father	244 S. Ann St. Olney, GA 31204 785-339-3415	07JUL1949	100%
Social Security Number: 123-45-6789				
Otherwise to: Jane L. Doe	Sister	2808 Southern Ave. Williams IN 46728 785-339-3415	07JUL1965	100%
Social Security Number: 123-45-6789				

- \* Do not write name as J. L. Doe or as Mrs. John H. Doe.
- \*\* Be sure that the shares to be paid to the several beneficiaries add up to 100%.

Any "collection of information" as defined in the Paperwork Reduction Act of 1995 (codified at 44 U.S.C. 3501 et seq) on this form has not been approved by the Director of the Office of Management and Budget (OMB) and does not display a valid control number assigned by the Director. Therefore, no person shall be subject to any penalty for failing to comply with any such collection of information."

### PRIVACY ACT STATEMENT

**Authority:** Collection of this information is authorized by: 10 U.S.C. 2771; DOD Financial Management Regulation, Volume 7B, Chapter 30, and E.O. 9397.

**Purpose:** The purpose in collecting this information is so that a military retiree can designate a beneficiary to receive any retired pay owed upon his or her death.

**Routine Uses:** The information will be used by the Coast Guard to determine distribution of final pay arrears upon your death.

**Disclosure:** Disclosure of this information (including your beneficiary's SSN) is voluntary; however, failure to furnish the requested information may delay payment of retired pay arrearages.