

Section IV: DESIGNATION OF BENEFICIARIES FOR UNPAID RETIRED PAY

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 10 U.S.C. 2771 and 4 CFR Part 34, this designation will remain in effect unless canceled or changed by me.

18a. Name (Last, First, Middle Initial)	18b. Relationship	18c. Address (City, State & ZIP Code)	18d. Telephone (Including Area Code)	18e. Share (Total must equal 100%)
1.				
Social Security Number				
2.				
Social Security Number				
3.				
Social Security Number				
4.				
Social Security Number				

Section V: CERTIFICATION DATA FOR PAYMENT OF RETIRED PERSONNEL (must be completed)

"I [] have [] have not been convicted of any offense involving the National Security (5 U.S.C. 8312).

"I [] have [] have not failed or refused to testify before a Federal Grand Jury, Court of the United States, courts-martial, or congressional committee in connection with any matter endangering the National Security, or defense of the United States or any relationship I have or have not had with a foreign government (5 U.S.C. 8314).

"I [] have [] have not knowingly or willfully remained outside of the United States or its territories or possessions to avoid prosecution (5 U.S.C. 8313).

"I [] have [] have not knowingly or willfully made a false, fictitious, or fraudulent statement or representation, or knowingly and willfully concealed a material fact in an employment application for a civilian or military office or position in or under the Legislative, Executive, or the Judicial branch of Government of the United States or the government of the District of Columbia(5 U.S.C. 8315).

"I [] am [] am not employed by any foreign government, company, educational institution, or other concern which is controlled in whole or in part by a foreign government nor have I made application for such employment and I have not negotiated for such employment. I understand that before I accept such employment I must obtain advance approval from Commandant (CG-1222) and the Department of State.

I [] am [] am not drawing a pension, retired pay, or disability compensation from the Department of Veterans Affairs (VA), Civil Service Commission, or other Government agency nor have I made application for such benefits.

If you are drawing a VA or civil service pension, retired pay, or disability compensation, or have made application therefore, please provide the name and address of the agency and the monthly amount received (if any) in the space below.

Monthly Amount	Name and Address (Street, City, State and ZIP) of Agency

Section VI: SURVIVOR BENEFIT PLAN (SBP) ELECTION (Complete all blocks)

19. Are you married? <input type="checkbox"/> Yes <input type="checkbox"/> No	20. Do you have dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> No			
21. FOR Reserve Retiree Only – Have you elected RCSBP (option B or C) prior to this date <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES , ATTACH A COPY OF THE ELECTION FORM and skip to Section VIII IF NO or elected (option A), complete the remainder of Section VI & VII				
22. Beneficiary Category (ies) a <input type="checkbox"/> I elect coverage for spouse only. I <input type="checkbox"/> do <input type="checkbox"/> do not have dependent children. b <input type="checkbox"/> I elect coverage for spouse and child(ren). c <input type="checkbox"/> I elect coverage for child(ren) only. I do <input type="checkbox"/> do not <input type="checkbox"/> have a spouse. d <input type="checkbox"/> I elect coverage for the person named in block 45 who has an insurable interest in me. e <input type="checkbox"/> I elect coverage for the person named in block 39 who is my former spouse. f <input type="checkbox"/> I elect coverage for the person named in block 39 who is my former spouse and dependent child(ren) of that marriage g <input type="checkbox"/> I elect not to participate in SBP. (Blocks 24-27 must be completed even if no coverage elected)				
23. Level of coverage (do not complete if 22d or 22g was elected above) a I did NOT elect the Career Status Bonus and REDUX. I elect SBP coverage as follows (choose one): <input type="checkbox"/> I elect coverage based on full gross retired pay. <input type="checkbox"/> I elect coverage with a reduced base amount of \$_____ (\$300 minimum base amount). b I DID elect the Career Status Bonus and REDUX. I elect SBP coverage as follows (choose one): <input type="checkbox"/> I elect coverage based on the amount of retired pay I would have received had I NOT elected the Career Status Bonus. <input type="checkbox"/> I elect coverage based on my current gross retired pay. I understand this represents a reduced base amount and <u>requires spousal concurrence.</u> <input type="checkbox"/> I elect coverage with a reduced base amount of \$_____ (\$300 minimum base amount). <u>This requires spousal concurrence.</u>				
24. Spouse Name (Last, First, MI.)	25. Spouse SSN	26. Spouse Date of Birth		
27. Date of Marriage:				
List your dependent child(ren) (Designate which children resulted from marriage to former spouse, if any)				
28. Name (Last, First, Middle Initial.)	29. Relationship	30. Date of Birth	31. SSN	32. *Disabled Child
a.				<input type="checkbox"/> Yes <input type="checkbox"/> No
b.				<input type="checkbox"/> Yes <input type="checkbox"/> No
c.				<input type="checkbox"/> Yes <input type="checkbox"/> No
d.				<input type="checkbox"/> Yes <input type="checkbox"/> No
*BLOCK 32 NOTE: Disabled Child – If yes, provide a current physician's statement dated within 90 days of the date of retirement describing the medical condition and whether it is temporary or permanent and why the condition is considered incapacitating (e.g. the dependent is unable to take care of basic activities of daily living).				
Section VII: SBP SPOUSAL CONCURRENCE (Required when member is married and elects child(ren) only coverage, does not elect full spouse coverage, or declines coverage)				
I hereby concur with the Survivor Benefit Plan election made by my spouse. I have received information that explains the options available and the effects of those options. I know that retired pay stops on the date the retiree dies. I understand and acknowledge that I am waiving my statutory right to receive my own annuity (or electing to receive a reduced annuity) for life if my spouse precedes me in death. I also understand and acknowledge that this waiver of my statutory right to receive an annuity (or my election to receive a reduced annuity) is irrevocable. I have signed this statement of my free will.				
33. Spouse Signature: _____				38. NOTARY SEAL HERE
34. Subscribed and Sworn to before me in County _____ State _____				
35. On Month _____ Day _____, 20 _____				
36. My Commission expires the _____ day _____, 20 _____				
37. Notary Public (Signature) _____				

Former Spouse (Complete **ONLY** if 22e or 22f was elected above)

39. Name (Last, First, MI)	40. SSN	41. Address (Street, City, State and Zip Code)
42. Date of divorce/dissolution of marriage		43. Date of Birth
44. a <input type="checkbox"/> The election indicated above is being made pursuant to the requirements of court order <input type="checkbox"/> Yes <input type="checkbox"/> No b <input type="checkbox"/> The election indicated above is being made pursuant to a written agreement I previously entered into voluntarily as part of or incident to a preceding of divorce, dissolution, or annulment <input type="checkbox"/> Yes <input type="checkbox"/> No c <input type="checkbox"/> The written agreement has been incorporated in, or ratified or approved by a court order <input type="checkbox"/> Yes <input type="checkbox"/> No		

Insurable Interest (Complete **ONLY** if 22d was elected above)

45. Name (Last, First, MI)	46. SSN	47. Address (Street, City, State and Zip Code):
48. Relationship	49. Date of Birth	

Section VIII: DECLARATION OF SERVICE

50. Date you first became a member of the Uniformed Services (see note below)	51. Date of current rank
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Note: Under the law, you "first became a member" of the Uniformed Services on the date first enlisted, inducted, or appointed. For non-prior service Academy cadets and OCS graduates, it is the date you took the oath of office for entrance into the Academy (for Academy cadets, this is not the date your creditable service for retirement begins) or OCS. For enlisted members who enlisted under the Delayed Entry Program (DEP), it is the date you signed up for the DEP.

52. PRIOR SERVICE BREAKDOWN (FOR COAST GUARD ACTIVE DUTY OR NOAA PERSONNEL ONLY)

FROM			TO			ARMED SERVICE
DAY	MONTH	YEAR	DAY	MONTH	YEAR	

IF ANY OF THE ABOVE SERVICE WAS IN A RESERVE COMPONENT:

DID YOU PERFORM RESERVE DRILLS? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of reserve retirement points earned (attach _____ copies of points statements if available)
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53. Have you ever held a Rank/Rate higher than your current one? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what rank did you hold?	When did you hold this rank?
54. Have you ever received severance, separation or readjustment pay from a military service in connection with separation or release from active duty? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what amount did you receive?	When did you receive such payment?

Section IX: MEMBER'S CERTIFICATION (member and witness signature and date (must sign on same date) required for start of retired pay)

Under penalties of perjury, I certify that the number of withholding exemptions claimed does not exceed the number to which I am entitled, and that all statements on this form are made with full knowledge of the penalties for making false statements. (18 U.S.C. 287 and 1001 provide for a penalty of not more than \$10,000 fine, or 5 years in prison, or both). Also, I have been counseled that I can terminate SBP participation, with my spouse's written concurrence, within one year after the second anniversary of commencement of retired pay. However, if I exercise my option to terminate SBP, future participation is barred.

55. Member' Name (last, first, middle initial)	56. Member's Employee ID Number:	
57. Member' Signature	58. Date	
59. Witness Name (Last, First, MI) (over 18 years old & not a member of your family)	60. Witness Signature	
61. Witness Address (Street, City, State and Zip Code)	62. Witness telephone number	63. Date

USCG & NOAA Retired Pay Account Worksheet (CG-4700) Instructions

Introduction

Information you provide on the Coast Guard & NOAA Retired Pay Account Worksheet and Survivor Benefit Plan Election (CG-4700) is used to:

- establish your retired pay account,
- record your Survivor Benefit Plan Election (SBP), and to
- record your spouse's concurrence with the SBP election.

Note: This form is now used to start a Coast Guard Active Duty Retirement, a Coast Guard Reserve Retirement, & a NOAA Retirement.

Listed below are some problems frequently noted on the CG-4700:

- form not signed where required (Sect. VII & Sect. IX.)
 - form not **notarized** where required (Sect. VII)
 - not signed & witnessed on same date (Sect. VII & Sect. IX.)
 - incomplete or inaccurate state tax request (Sect. III)
 - witnessed by relative. (Sect. IX)
 - current address and phone for contact not provided. (Sect. I.)
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Instructions for completion of the CG-4700

Most items on the CG-4700 are self-explanatory.

General instructions for the completion of this form are listed below. If you need any assistance or have any questions regarding the CG-4700, please call PPC (RAS) at 785-339-3415 or at 1-800-772-8724.

Adobe Acrobat

The CG-4700 is designed to be filled out using the Adobe Acrobat software on the Coast Guard Standard Workstation. The form cannot be submitted electronically; it must be printed, signed, and mailed to PPC (RAS).

Continued on next page

USCG & NOAA Retired Pay Account Worksheet (CG-4700)

Instructions, Continued

Part I, Identification and Address

Fill out this section completely.

Item 1a - Enter retirement date

Item 1b - Enter branch of service you are retiring from

Item 1c - Enter complete name (Last, First, Middle Initial)

Item 2 - Provide both your rank and paygrade (e.g., CDR/O5, MK1/E-6).

Item 3 - Enter Employee ID Number

Item 4 - Enter your Date of Birth

Item 5 - Enter the mailing address desired for the Coast Guard & NOAA Retiree/Annuitant Statement, Federal Tax Withholding Statements, and the Retiree Newsletter.

Item 6 - Enter telephone number for work and home (if available)

6a - Provide your home and business email addresses so we can contact you in case telephone contact can't be established.

Part II, Pay Delivery

Delivery of your retired pay by direct deposit is mandatory (Public Law 104-134). Waivers may be granted when it is determined it would be in the best interest of both the individual and the Coast Guard. Mark block 7a if you want to use the same account that is used for your current active/reserve pay. Mark block 7b if you want your retired pay deposited in a different account. You can provide the banking information by completing blocks 8, 9, 10 & 11 or by attaching a voided check or savings deposit slip (Note check with the financial institution to be sure the routing transit number (RTN) on your check/deposit slip is the one used for direct deposit. Your check/deposit slip may show the RTN for you're the branch where your account was opened, which is not always the RTN needed for direct deposit payments.

- Attach a copy of your LES/eLES (Direct Access View My Paycheck page), if continuing direct deposit to the same account as used for your active duty pay.

To request a waiver of mandatory direct deposit:

- Send a letter to PPC (RAS) stating the reason(s) you cannot participate.
 - Provide a check mailing address on the letter and on the CG-4700, in block 5.
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USCG & NOAA Retired Pay Account Worksheet (CG-4700)

Instructions, Continued

Part III, Tax Withholding Information

- Item 14 – If you would like us to withhold an additional \$\$ amount in Federal Tax Withholding you must enter whole dollar amounts here. (i.e., \$10.00)
- Item 15 - If exempt status is claimed you must submit the current year's IRS Form W-4 at the beginning of each year.

Part III, Tax Withholding Information

- Item 16 - The following states have a state tax agreement for us to withhold state income taxes as of January 1, 2008. This does not mean that all these states tax retired pay. For example, Kansas does not tax military retired pay; however, if a member wants Kansas state tax withheld from his/her pay, we can withhold it because we have an agreement with them.

Note: State withholding agreements are subject to change at any time. See: <http://www.dfas.mil/rapay/retirementpay/statewithholding.html> for the latest updates.

Alabama	Kansas	North Carolina
Arizona	Louisiana	North Dakota
Arkansas	Maine	Ohio
California	Maryland	Oklahoma
Colorado	Massachusetts	Oregon
Connecticut	Minnesota	Rhode Island
Delaware	Missouri	South Carolina
Dist of Columbia	Montana	Utah
Georgia	Nebraska	Vermont
Idaho	New Mexico	West Virginia
Indiana	New York	Wisconsin
Iowa		

- Item 17 – If you select a designated state to receive taxes from the above list, you must enter a dollar amount in this block. If there is no dollar amount entered, we will not take out any taxes. This amount must be in whole dollars but not less than \$10.00.

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USCG & NOAA Retired Pay Account Worksheet (CG-4700)

Instructions, Continued

Part IV, Designation of Beneficiaries for Unpaid Retired Pay

This information is used to establish your beneficiaries for any unpaid retired pay due to you at the time of your death.

Item 18a-e: Enter the name(s) of those you designate to receive unpaid retired pay. Include their Social Security number, their relationship to you, their address and their phone number. If more than one person is entered, indicate the percentage of your pay each is to receive.

The share must equal 100 percent.

You cannot designate a trust to receive your final retired pay due, but you can designate the trustee as the final pay recipient, for example, "John W. Doe, Trustee."

If your beneficiary changes notify PPC (RAS) immediately.

Part V, Certification Data for Payment of Retired Personnel

This information is used to identify conditions that may affect your retired pay.

Note: Retirees, who go to work for a foreign government, or a company, educational institution, or other concern controlled/owned in whole or in part by a foreign government, forfeit their retired pay unless they obtain prior employment approval from the Departments of State and Homeland Security.

Part VI, Survivor Benefit Plan Election

The Survivor Benefit Plan will provide a monthly income for a retiree's survivors after his/her death. If a retiree does not elect SBP coverage, upon his/her death, survivors will not be entitled to any money from the Coast Guard other than unpaid retired pay.

Very Important - The retiree must elect whether to participate in SBP prior to actual retirement date. The retiree must also select which survivors will be covered. This also applies to personnel being immediately Recalled on the first date of retirement. Failure to submit the CG PPC-4700 prior to first date eligible to receive retired pay will result in automatic maximum SBP coverage.

Detailed information required for making an SBP election can be obtained by attending a Military Pre-Retirement seminar or by reading Chapter 4 the Retirement Package (<http://www.uscg.mil/ppc/ras/retpack.pdf>).

Continued on next page

USCG & NOAA Retired Pay Account Worksheet (CG-4700)

Instructions, Continued

Part VI, Survivor Benefit Plan Election (continued)

Remember to change your SBP if you get a divorce, remarry, or your beneficiary has deceased. **You will have only 1 year to change the election and it is irrevocable if the change is not made within that time period.**

Item 21 – FOR RESERVE RETIREE ONLY – If you elected options B or C under the Reserve Component Survivor Benefit Plan (RCSBP) you DO NOT have to complete Section VI. Provide a copy of the previous RCSBP election with your CG-4700 worksheet.

If you previously deferred your RCSBP election until age 60 (option A) you MUST complete Section VI.

Items 22e and 22f - If electing coverage for a former spouse pursuant to a court order or property settlement, provide a copy of the court order or property settlement.

Item 32 - If child is disabled, attach a medical statement, signed by a physician, indicating when disability started and if disability is permanent or temporary.

Part VII, SBP Spousal Concurrence

Your decision concerning participation in SBP will have a direct impact on your spouse. If you elect not to participate, or to participate at less than the maximum level, your spouse must be notified of your decision and complete this section of the form. Your spouse's endorsement must be **notarized**.

Note: If you and your spouse are not collocated, your commanding officer must send a letter of notification/concurrence to your spouse in accordance with section 3-B-23 (Checklist for Retirement) of the Pay and Personnel Procedures Manual, PPCINST M1000.2 (series).

Part VIII, Declaration of Service

This section is used to obtain information concerning any prior service you have had which may affect the computation of your retired pay.

- Complete all items that are applicable.
 - **Item 52 - For Coast Guard Active Duty & NOAA Retirees ONLY.** If you have prior service in a reserve component, attach to this form copies of point statements (or other documentation), which substantiate reserve retirement points you have previously earned.
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Part IX, Member's Certification

Item 57 – 63: Your signature must be witnessed by someone over the age of 18 who is not a member of your family. This is required for retired pay to begin.