*(Updated 20250923)*

# RESERVE COMPONENT SURVIVOR BENEFIT PLAN (RCSBP) ELECTION CERTIFICATE

*OMB No. 0704 - 0569*
*Expires 08/31/2026*

The public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

## PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. Chapter 73, subchapters II and III; DoD Instruction 1332.42, Survivor Annuity Program Administration; DoD Financial Management Regulation, Volume 7B, Chapter 54; and E.O. 9397 (SSN).

**PRINCIPAL PURPOSE(S):** Used by Reserve Component members, during the 90 day period after recei
ving notification of eligibility to receive
Reserve retired pay, to make an election for the Reserve Component Survivor Benefit Plan (RCSBP).
**ROUTINE USE(S):** None.

**DISCLOSURE:** Voluntary; however, failure to provide requested information may result in an incorrect election and/or delayed payment of survivor benefits in the event of the member's death.

## INSTRUCTIONS

The decision you make regarding participation in the Reserve Component Survivor Benefit Plan (RCSBP) is very important.
**A decision to participate, that is to select either Option B or C, is permanent and cannot be changed unless authorized by law** such as the opportunity to terminate your participation during the period that is between your 62nd birthday and the day before you reach age 63 at which time you may elect to discontinue participation. A decision to decline RCSBP coverage means you will not have another opportunity to select SBP coverage until age 60. In the event you decline RCSBP coverage and die prior to your 60th birthday, no survivor benefits will be paid. Please review the program details carefully and consider the effects of your decision before making an election. You must submit this form within the
90-day period after being notified of eligibility for retired pay at age 60. If you do not submit this form as required, your election, if any, will be determined by law.

Complete this form and submit it to your service using the address listed below. A telephone number is provided if you have questions about the program or need assistance completing this form.

| IF YOUR SERVICE IS: | MAIL THIS FORM TO: | FOR QUESTIONS CALL: |
|---|---|---|
| ARMY RESERVE/<br>ARMY NATIONAL GUARD | HRC-Ft. Knox<br>ATTN: AHRC-PDR-RC<br>1600 Spearhead Division Avenue<br>Fort Knox, KY 40122 | 1-888-276-9472<br>or<br>(502) 613-8950 |
| NAVY RESERVE | Navy Personnel Command (PERS-912)<br>5720 Integrity Drive<br>Millington, TN 38055-9120 | 1-877-807-8199<br>OR<br>(901) 874-4304 |
| AIR FORCE RESERVE/<br>AIR NATIONAL GUARD | HQ ARPC/DPTTB<br>18420 E. Silvercreek Ave. Bldg 390 MS68<br>Buckley AFB, CO 80011 | 1-800-525-0102<br>Ask for Entitlements Division |
| MARINE CORPS RESERVE | Headquarters U.S. Marine Corps<br>Manpower and Reserve Affairs (MMSR-5)<br>3280 Russell Road<br>Quantico, VA 22134-5103 | 1-800-336-4649<br>or<br>(703) 784-9306/9307 |

## SECTION I - MEMBER INFORMATION

| 1. NAME *(Last, First, Middle Initial)* | 2. SOCIAL SECURITY NUMBER | 3. RANK |
|---|---|---|
| | | |

| 4. DATE OF BIRTH *(YYYYMMDD)* | 5. MAILING ADDRESS *(Street, Apartment Number, City, State, and ZIP Code)* |
|---|---|
| | |
| **6. TELEPHONE NUMBER** *(Include area code)* | **6.a. EMAIL ADDRESS** |
| | |

## SECTION II - MARITAL/DEPENDENCY STATUS

| 7. ARE YOU MARRIED? ☐ YES ☐ NO | 8. DO YOU HAVE ANY DEPENDENT CHILDREN? ☐ YES ☐ NO |
|---|---|

## SECTION III - SPOUSE/DEPENDENT CHILD(REN) INFORMATION *(If applicable)*

| 9.a. SPOUSE'S NAME *(Last, First, Middle Initial)* | b. SOCIAL SECURITY NUMBER | c. DATE OF BIRTH *(YYYYMMDD)* | d. DATE OF MARRIAGE *(YYYYMMDD)* |
|---|---|---|---|
| | | | |

**11. DEPENDENT CHILDREN** *(Complete this section for your unmarried, dependent children who are under age 18, or under age 22 if full time students, or any age if disabled and incapable of self-support before age 18 (or 22 if a full time student))*

| a. CHILD'S NAME *(Last, First, Middle Initial)* | b. SOCIAL SECURITY NUMBER | c. DATE OF BIRTH *(YYYYMMDD)* | d. RELATIONSHIP *(Son, daughter, stepson, etc.) (Indicate "FS" if from previous marriage)* | e. DISABLED? *(Yes/No)* |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**f. IF YOU HAVE ADDITIONAL DEPENDENT CHILDREN, CONTINUE IN SECTION VII, REMARKS AND X HERE** ☐

*(Updated 20250923)*

| **MEMBER NAME** *(Last, First, Middle Initial)* | **SSN** |
|---|---|

**SECTION IV - COVERAGE**

**12. OPTIONS** *(Select one)* NOTE: Selecting Option A or Option B requires spouse concurrence in Section IX.

| | |
|---|---|
| ☐ | **OPTION A** I decline to make an election until age 60. *(NOTE: Do not select type of coverage below.)* |
| ☐ | **OPTION B (DEFERRED ANNUITY)** I elect to provide an annuity beginning on the 60th anniversary of my birth should I die before that date, or on the day after date of death should I die on or after my 60th birthday. *(Select type of coverage below.)* |
| ☐ | **OPTION C (IMMEDIATE ANNUITY)** I elect to provide an immediate annuity beginning on the day after date of my death, whether before or after age 60. *(Select type of coverage below.)* |

**13. TYPE OF COVERAGE** *(Select one)*

| | |
|---|---|
| ☐ | SPOUSE ONLY |
| ☐ | SPOUSE AND CHILD(REN) |
| ☐ | CHILD(REN) ONLY |
| ☐ | FORMER SPOUSE *(Complete DD 2656-1, "Survivor Benefit Plan (SBP) Election Statement for Former Spouse Coverage").* |
| ☐ | FORMER SPOUSE AND CHILD(REN) *(Complete DD 2656-1, "Survivor Benefit Plan (SBP) Election Statement for Former Spouse Coverage").* |
| ☐ | NATURAL PERSON WITH AN INSURABLE INTEREST *(Complete Section VI)* |

**SECTION V - LEVEL OF COVERAGE**

**14.** Select the monthly amount of retired pay you wish to have the survivor annuity based on. NOTE: You cannot decrease the level of existing coverage. Your covered spouse beneficiary will receive an annuity that will pay 55 percent of the level of coverage until age 62 and will pay between 45 to 50 percent during the phase-out of the two-tier method (October 2005 - March 2008). Effective April 1, 2008, the annuity regardless of age will be 55 percent of the level of coverage selected. The annuity paid to a child or children totals 55 percent (divided in equal shares). Children annuities are payable to children who are: under age 18; or under age 22 if full time, unmarried students; or any age if disabled and incapable of self-support before 18 (or 22, if while a full-time student). An insurable interest annuity is 55 percent of the difference between retired pay and the premium for coverage. Insurable interest annuities remain at 55 percent regardless of age. Place an X in the appropriate box to indicate your election.

| | |
|---|---|
| ☐ | FULL RETIRED PAY |
| ☐ | REDUCED AMOUNT OF RETIRED PAY *(Cannot be less than $300.00)* $ _____ *(NOTE: Spouse concurrence required in Section IX.)* |

**SECTION VI - INSURABLE INTEREST COVERAGE**

**15. INSURABLE INTEREST BENEFICIARY**

| **a. NAME** *(Last, First, Middle Initial)* | **b. SSN** |
|---|---|
| **c. DATE OF BIRTH** *(YYYYMMDD)* | **d. MAILING ADDRESS** *(Street, Apartment Number, City, State, and ZIP Code)* |
| **e. RELATIONSHIP TO MEMBER** | |

**SECTION VII - REMARKS**

**16. USE THIS SECTION TO CONTINUE AN ITEM OR MAKE ADDITIONAL COMMENTS**

*(Updated 20250923)*

| **MEMBER NAME** *(Last, First, Middle Initial)* | **SSN** |
|---|---|

**SECTION VII - REMARKS** *(Continued)*

**16.** *(Continued)*

**SECTION VIII - MEMBER SIGNATURE**

**THE MEMBER'S SIGNATURE MUST BE WITNESSED.** The witness cannot be the member's spouse, or beneficiary.

| **17. SIGNATURE OF MEMBER** | **18. DATE SIGNED** *(YYYYMMDD)* |
|---|---|

| **19.a. PRINTED NAME OF WITNESS** *(Last, First, Middle Initial)* | **b. SIGNATURE OF WITNESS** |
|---|---|

| **c. MAILING ADDRESS OF WITNESS** *(Include ZIP Code)* | **d. DATE SIGNED** *(YYYYMMDD)* |
|---|---|

**SECTION IX - SPOUSE CONCURRENCE**

*(Required when member is married and elects child(ren) only coverage, does not elect full spouse coverage, or declines coverage. The date of the spouse's signature in item 20.b. MUST NOT be before the date of the member's signature in item 18, above. The spouse's signature MUST be notarized.)*

Spousal consent and signature are required for an RCSBP election that does not provide for an immediate spouse annuity (Option C) based on full retired pay. **A NOTARY PUBLIC MUST WITNESS THE SPOUSE'S SIGNATURE.** The witness must not be a beneficiary of the member. In the event that consent is required, but not provided, RCSBP coverage will be established for an immediate spouse annuity based on full retired pay. NOTE: If the member selects Option A (declining to make an election until age 60), and the spouse consents, no annuity will be payable if the member dies prior to reaching age 60. When the member reaches age 60, an SBP election for less than a full spouse annuity requires the member's spouse to consent. Electing Option B requires the beneficiary to wait until the member would have been age 60 before the annuity is payable, in the event the member dies prior to reaching age 60.

**20. SPOUSE.**

I hereby consent to my spouse's RCSBP election as indicated. I have read and understand the information that explains the options available and the effects of those options. I am aware that my signature constitutes consent and that I may not change my mind at a later date regarding the RCSBP election

| **a. SIGNATURE** | **b. DATE SIGNED** *(YYYYMMDD)* |
|---|---|

**21. NOTARY WITNESS**

On this _____ day of _____ , _____ before me, the undersigned notary public

personally appeared _____ , provided to me through satisfactory evidence
*(Name of Spouse (block 20.a.))*

of identification, which were _____ , to be the person

whose name is signed in block 20.a. of this document in my presence.

My commission expires: _____

_____
*(Signature of Notary)*

**NOTARY SEAL**