SECTION C - AFFIDAVIT FOR SURVIVING SPOUSE

I understand that, under the Survivor Benefit Plan (SBP), Public Law 92-425, enacted September 21, 1972:

- My annuity will be established in full if Dependency and Indemnity Compensation (DIC) or other survivor annuity payment data, as may be applicable, is not known by the service finance center at time of establishment.
- I cannot receive the full amount of both the SBP annuity and the Dependency and Indemnity Compensation that may be payable by Veterans Administration.
- I am only entitled to the amount of the SBP annuity that exceeds the DIC payments that may be payable, or the DIC only if that payment is greater than the SBP annuity.
- I cannot receive more than one SBP annuity.

If I am not now receiving DIC payments and if I later file claim for these payments, I will notify the service finance center of the amount of DIC received so that adjustment as needed may be made. I further authorize that the amount of any DIC payments received will be withheld from my SBP payments to preclude concurrent payments for the same period.

NOTE: If SBP annuity is not payable because the DIC payment is greater, all costs withheld will be refunded. If the annuity is offset by a lesser DIC payment, the cost will be recalculated and the difference between the cost withheld and the recalculated cost will be refunded.

1. SIGNATURE OF APPLICANT	2. DATE SIGNED

SECTION D - ELIGIBLE CHILDREN OF THE DECEASED *(Use additional sheet if more space is needed)*

1. NAME OF CHILD *(Last, First, Middle Initial)*	2. SSN	3. DATE OF BIRTH	4. AGE	5. MARITAL STATUS	6. FULL TIME STUDENT *(Yes or No)*	7. NAME OF CUSTODIAN *(Last, First, Middle Initial)*	8. ADDRESS OF CUSTODIAN *(Street, City, State, Zip Code)*	9. RELATIONSHIP OF CUSTODIAN TO CHILD

SECTION E - INSURABLE INTEREST PERSON OR FORMER SPOUSE

(To be completed only if you are the person designated by the deceased retired member to receive the annuity payable as a former spouse or as an individual with an insurable interest in the deceased)

1. NAME *(Last, First, Middle Initial)*	2. SSN	3. DATE OF BIRTH	4. CORRESPONDENCE MAILING ADDRESS *(Street (P.O. Box), City, State, Zip Code, Country)*

SECTION F - GUARDIAN/CUSTODIAN INFORMATION

1. HAS A GUARDIAN BEEN APPOINTED BY THE COURT FOR ANY OF THE ABOVE NAMED SURVIVORS? *(X one) (If yes, complete D.3 and 4 and attach a copy of the court order) (If no, complete D.2)*	YES		2. IF A GUARDIAN HAS NOT BEEN APPOINTED, WILL ONE BE APPOINTED? *(X one)*	YES	
	NO			NO	

3. NAME OF GUARDIAN *(Last, First, Middle Initial)*	4. CORRESPONDENCE MAILING ADDRESS OF GUARDIAN *(Street (P.O. Box), City, State, Zip Code, Country)*

SECTION G - CERTIFICATION

1. APPLICANT

a. SIGNATURE	b. DATE SIGNED	c. RELATIONSHIP TO DECEASED	d. CHECK MAILING ADDRESS *(Street (P.O. Box), City, State, Zip Code, Country)*

2. WITNESS

a. SIGNATURE	b. DATE SIGNED	c. MAILING ADDRESS *(Street (P.O. Box), City, State, Zip Code, Country)*

3. WITNESS

a. SIGNATURE	b. DATE SIGNED	c. MAILING ADDRESS *(Street (P.O. Box), City, State, Zip Code, Country)*