

CHILD ANNUITANT'S SCHOOL CERTIFICATION		OMB No. 0730-0001 OMB Approval expires 20260930
<p>The public reporting burden for this collection of information is estimated to average 5 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, whs.mc-alex.esd.mbx.dd-dod-informationcollections@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.</p> <p>PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO: Defense Finance and Accounting Service, US Military Annuitant Pay, 8899 E. 56th Street, Indianapolis, IN 46249-1300. PLEASE REMEMBER TO SIGN YOUR FORM.</p>		
PRIVACY ACT STATEMENT		
<p>AUTHORITY: 10 U.S.C. Section 1435, Eligible Beneficiaries and Section 1447; Definitions; and E.O. 9397.</p> <p>PRINCIPAL PURPOSE(S): The Defense Finance and Accounting Services (DFAS) uses this information to determine the continued eligibility of child annuitants who are receiving annuity payments from the Survivor Benefit Plan (SBP) or the Retired Serviceman's Family Protection Plan. Once the child annuitant reaches age 18, it must be verified that the child is attending a qualifying school on a full time basis in order to be entitled to annuity payments. The SORN covered by this system is T7347b (http://dpclid.defense.gov/Privacy/SORNSIndex/DOD-wide-DORN-Article-View/Article/570196/t7347b/). The PIA is located at http://www.dfas.mil/foia/privacyimpactassessments.html.</p> <p>ROUTINE USE(S): In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records, or information contained therein, may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows: to the Internal Revenue Service, the Department of Veterans Affairs, or trustees or guardians of survivors (children). It may also be disclosed for any of the "Blanket Routine Uses" as published at the beginning of the DFAS compilation of systems of record notices.</p> <p>DISCLOSURE: Voluntary; however, if DFAS does not receive this information, the annuity payments will stop.</p>		
WARNING		
<p>Any intentionally false statement, willful concealment of material fact, or use of a writing or document knowing the same to contain a false, fictitious, or fraudulent statement or entry, is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001)</p>		
SECTION I – ANNUITANT/STUDENT IDENTIFICATION INFORMATION		
1. DECEASED MEMBER'S SSN/DODID	2. DECEASED MEMBER'S NAME (Last, First, Middle)	
3. ANNUITANT'S SSN/DODID	4. ANNUITANT'S NAME (Last, First, Middle)	
5. IF UNDER AGE OF MAJORITY, NAME OF PARENT/LEGAL GUARDIAN: (Or Legal Representative As Applicable.)		6. PARENT/LEGAL GUARDIAN OR LEGAL REPRESENTATIVE MAILING ADDRESS: (If Applicable)
7. DATE OF BIRTH (YYYYMMDD)	8. ARE YOU MARRIED? (X one. If YES, attach copy of marriage certificate.) <input type="checkbox"/> YES <input type="checkbox"/> NO DATE OF MARRIAGE (MM/DD/YY)	
SECTION II – CURRENT ANNUITANT/STUDENT VERIFICATION		
1. ARE YOU CURRENTLY ENROLLED IN A SCHOOL ON A FULL TIME BASIS? (X one) <input type="checkbox"/> YES (Continue to number 2) <input type="checkbox"/> NO (Skip to 5) Note: It is the annuitant's responsibility to ensure that his/her academic workload level meets the school's definition of full time.		
2. TYPE OF EDUCATIONAL INSTITUTION: <input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> TRADE SCHOOL <input type="checkbox"/> TECHNICAL INSTITUTE <input type="checkbox"/> JUNIOR COLLEGE <input type="checkbox"/> COLLEGE/UNIVERSITY <input type="checkbox"/> VOCATIONAL INSTITUTE <input type="checkbox"/> OTHER (Specify)		
3. SHOW THE TOTAL SCHOOL HOURS PER WEEK: A. IF COLLEGE OR EQUIVALENT, SHOW CREDIT HOURS _____ B. IF HIGH SCHOOL OR EQUIVALENT, SHOW ACTUAL CLOCK HOURS _____ C. IF IN A WORK-STUDY PROGRAM SPONSORED BY THE SCHOOL, SHOW HOURS AT WORK _____ <div style="text-align: right;">HOURS AT SCHOOL _____</div>		
4.A. NAME OF SCHOOL		
B. MAILING ADDRESS (Including ZIP Code)	C. ENTER DATE SCHOOL YEAR BEGAN OR IS EXPECTED TO BEGIN (MM/DD/YYYY)	D. ENTER DATE SCHOOL YEAR ENDS OR IS EXPECTED TO END (MM/DD/YYYY)
5. IF NOT CURRENTLY ATTENDING SCHOOL ON A FULL-TIME BASIS:		
A. NAME OF LAST SCHOOL ATTENDED		B. DATE LAST ATTENDED SCHOOL (MM/DD/YY)