

Deployment Transition Book

This book has been created to support you during the deployment cycle. It provides checklists and covers many areas. Topics include:

- Administrative and Personal Affairs
- Financial Affairs
- Employment Affairs
- Legal Affairs
- Health Care Benefits
- Leave
- Preparing Families
- Family Member Safety during Deployment
- Communicating with the Command
- Return and Reunion
- Reintegration
- Education and Training Benefits
- Wounded Warrior Benefits
- Survivor Benefits
- Behavioral Health/Suicide Prevention
- Acronyms

The confirmation number for your book is _____.

To access this book

- go to www.4mca.com
- On the homepage look at the top bar for MCA Online
- Click this to go to online products
- Click/select the Military Deployment Guide
- You will then be prompted to enter the confirmation number above
- You will then be taken to a reader page where the manual can be viewed/read/printed as desired.

Defense Enrollment Eligibility Reporting System (DEERS)

If you are a service member, retiree, or dependent, DEERS registration is the key to getting your TRICARE benefits eligibility established. DEERS is a computerized database of military sponsors, families and others worldwide who are entitled under the law to TRICARE benefits.

The web address is:

<http://www.military.com/benefits/tricare/defense-enrollment-eligibility-reporting-system-deers.html>

This site will allow you to:

- Register in DEERS
- Verify and update DEERS information

Service members are automatically registered in DEERS, but the service member must take action to register their family members and ensure they're correctly entered into the database.

Mistakes in the DEERS database can cause problems with TRICARE claims, so it is critical for your service member to maintain DEERS information up to date.

Verifying DEERS information can be completed by contacting the regional TRICARE managed care support contractor. Service Members or registered family members may make address changes, however only the service member can add or delete a family member in DEERS.

You can find the nearest uniformed services personnel office at: <http://www.dmdc.osd.mil/rsl/> or by calling 1-800-538-9552.

Navy Family Accountability & Assessment System (NFAAS)

- Numbers to call for accountability during a Natural Disaster 1-877-414-5358 or 1-866-827-5672
- Expeditionary Combat Readiness Command ECRC 24 hr IA family help line 1-877-364-4302
- Web address and instructions - <https://navyfamily.navy.mil>
 - Family members click on the Navy Military, Civilians OCONUS Contractors, and their families
 - Choose Personal Information
 - Fill in your Sailors information
- Use to update
 - personal information
 - DEERS information
 - Complete a Needs Assessment for any area that has been affected by a natural disaster.

Event Plus

To Register for a DRT and/or RWW:

- <https://www.yellowribbonevents.org/>
- Service Component - Drop down menu choose Navy Reserve
- Deployment Phase - Drop down menu choose:
 - Deployment Readiness Training for Pre Deployment or
 - Returning Warrior Workshop for Post Deployment
- Click find event
- All events for the Navy Reserve will be listed - you can narrow the list by
 - Changing the date period to time frame you desire.
 - Uncheck the all box under event location and choose the state you are interested in.
- You can find all events in your local area by selecting all the other branches of the military under components and selecting Pre-Deployment under Deployment Phases.
- A list of events will be populated
- Chose the event you wish to attend
- Click on Register Now
 - For this event, I am registering as a(n) - Select Attendee
 - Enter your service members information
 - Status - from the drop down box select military
 - Service Component - from drop down box select Navy Reserve
 - Attendee's State - select the state you reside in
 - Command
 - From first drop down box select Reserve
 - From second drop down box select the state your Sailor drills in
 - Third drop down box select the sailors command. If command is not listed, leave blank. When contacted about registration, please inform them so it can be added for future use.
- To register family members or guests to attend event
 - Click on Add another attendee/guest
 - Type in name and answer the questions
 - If more than one guest is attending, click on add another attendee/guest until all guests have been registered

ID Cards

- To find locations where you can have ID cards issued Call 1-800-477-8227 or at web address <http://www.dmdc.osd.mil/rsl/appj/site>
 - Choose near an Address, type in your address; put the radius around the address you are willing to travel, and then click find sites.
 - Choose the site that works best for you, the address will appear. You can then click for further details - providing you with location, hours, and phone numbers. You can also schedule an appointment which should decrease your wait time.
- Complete Form 1172-2, located at <http://www.cac.mil/docs/dd1172-2.pdf>, instructions are located at <http://www.cac.mil/docs/1172-2-Instructions.pdf>
- If the Sailor will not be at the ID location with you, they will have to sign Form 1172-2 and have it notarized
- If the Sailor is going to the ID location with you, do not have them sign Form 1172-2 until at the location
- Two forms of identification will be necessary -
 - One form must be a photo ID
 - Second form can be any of a list of secondary documents, such as a birth certificate or Social Security Number card
 - If obtaining an ID card for a new family member, you will need to provide documentation of the relationship
 - Example: birth certificate for new child, or marriage certificate for a new spouse

Pre-Deployment Health Assessment (Pre-DHA)

Go to Web Site - <https://data.nmcphc.med.navy.mil/edha>

NOTE: Per OPNAVINT 6100.3, Deployment Health Assessments (DHA) are required for OCONUS deployments ashore greater than 30 days to locations without a fixed Military Treatment Facility (MTF) or when directed by appropriate higher authority.

THIS DOCUMENT IS HERE TO HELP YOU! FOR FURTHER ASSISTANCE SEEK THE HELP OF YOUR NAVOPSPTCEN MEDICAL STAFF. FOR ASSISTANCE WITHIN THE WEBSITE CALL 1-888-734-7299.

- Log in
- If you've never used this site before, set up a new account by clicking on "New User"
- You will be directed to EDHA Global::New User Registration
- Follow the instructions and fill in the boxes
- Click Register
- If you're not sure, choose "New User." If you get this message:
 - o *The SSN you entered is already registered. Please use a different SSN, or click "Cancel" to return to the Login page.
 - Follow the prompts to reset your password.
 - If you are a "New User" then type in the case sensitive passphrase of **Activenavyl#**
- Once logged in, click on Create a New Pre-Deployment Health Assessment Survey (DD Form 2795)
- Complete the fields then click to proceed to the next page
- Answer questions to the best of your ability (there are no wrong answers)
- Click the save icon to submit your responses

ALMOST DONE! THIS POP-UP TELLS YOU THAT YOUR RESPONSES HAVE BEEN ACCEPTED.

YOU MUST NOW MAKE THE CALL TO 1-888-734-7299 TO COMPLETE.

Completion will be automatically documented in MRRS as well as for review on BUPERS Online (BOL) under the Individual Medical Readiness (IMR) application approximately two weeks later. Don't forget to notify your NOSC Medical Department that you've completed your PDHA.

Financial Planning

It all starts with:

- Determining where you are now
- Knowing where your money goes
- Having written goals

Getting started begins with a few simple steps. Before taking those steps, you should familiarize yourself with some terms and what they might mean for you.

Your financial foundation includes

- Determining your net worth
 - A snapshot of where you stand today. To calculate your net worth you should total all of your assets (what you own that has value) and subtract from that total your liabilities (current money you owe - monthly payments).
 - Examples of assets - home, TSP, 401K, car, personal belongings like furniture or jewelry
 - Examples of liabilities - home loan, credit cards, student loans
- A budget
 - Includes two main categories
 - Income - All money that comes into the home
 - Expenses - All money that goes out of the home
 - Fixed expenses - mortgage, car payment, loans
 - Variable expenses - groceries, dining out, gasoline, entertainment
- Emergency cash reserve
 - A good goal would be 3x your fixed monthly expenses

Managing Debt

- If you can't make a payment
 - Call your creditors and ask them for more time
 - If you call before missing a payment, the lender will be more willing to work with you
- Take time to talk with the financial counseling personnel on your base or post
 - They can offer suggestions for ways to reduce debt
 - There are also programs specifically for military personnel and their families
- Consider working with a non-profit debt counseling service

- o Your Family Service or Support Center can help you locate one in your area
- Take time to analyze and organize your debts
 - o List them by interest rate charged, ranking them highest to lowest
 - o Make minimum payment due on all debts and put any extra money toward the debt with the highest interest rate
 - o Once you have that debt paid off, apply the extra money to the debt with the next highest rate.
 - o Over time, and with a little discipline, you'll be out of debt and save money in interest.
- Limit yourself to one major credit card and only use it for emergencies

How paying more than the minimum payment on a credit card bill saves money:

An example:

- You owe \$1,000 on a credit card that charges 18% interest and your minimum payment is greater of 2% of the balance or \$20 per month.
- Only making the minimum payment of \$20 (2% of \$1,000 = \$20) it will take almost eight years to pay off the debt and your interest cost would be \$1,900.
- Paying more than the minimum:

Minimum Payment	Interest Paid	Pay off the bill in
\$20	\$1,900	96 months
Add to Each Payment	You'll save about	Pay off the bill in
\$5	\$362	65 months
\$15	\$547	41 months
\$25	\$637	31 months
\$50	\$728	20 months

Definitions:

- **Certificate of Deposit** - CDs are similar to savings accounts in that they are insured and thus virtually risk free; insured by the Federal Deposit Insurance Corporations for banks and by the national Credit Union Administration for credit unions. CDs have a specific, fixed term (often monthly, three months, six months, or one to five years) and usually have a fixed interest rate. It is intended that the CD be held until maturity, at which time the money may be withdrawn together with the accrued interest.
- **Bonds & Stocks** - both are securities, but the major difference between the two is that the (capital)

stockholders have an equity stake in the company (i.e. they are owners), where as bondholders have a creditor stake in the company (i.e. they are lenders). Another difference is that bonds usually have a defined term or maturity after which the bond is redeemed, whereas stocks may be outstanding indefinitely.

- **Equity** - the residual claim or interest of the most junior class of investors in assets after all liabilities are paid.
- **Money Market** - A savings account that offers the competitive rate of interest (real rate) in exchange for larger-than-normal deposits. There may be restrictions on the amount of transactions you can make in a month. Also, you usually have to maintain a certain balance in the account to receive the higher rate of interest.
- **401K** - A qualified plan established by employers to which eligible employees may make salary deferral (salary reduction) contributions on a post-tax and/or pretax basis. Employer's offering a 401k plan may make matching or non-elective contributions to the plan on behalf of eligible employees and may also add a profit-sharing feature to the plan. Earnings accrue on a tax deferred basis.
- **403B** - A retirement plan for certain employees of public schools, tax-exempt organizations and certain ministers. Features are very similar to those of a 401k plan. Employees may make salary deferral contributions that are usually limited by regulatory caps.
- **Signature Loan** - A type of personal loan offered by banks and other finance companies that use only the borrower's signature and promise to pay as collateral. This type of loan can typically be used for any purpose the borrower chooses, although the interest rates will be higher than most forms of credit due to lack of any real collateral. Also known as a "good faith loan" or "character loan".
- **Consolidation Loans** - One loan to pay off many others, this is often done to secure a lower interest rate, secure a fixed interest rate or for the convenience of servicing only one loan. Also known as debt consolidation. Debt consolidation can simply be from a number of unsecured loans into another unsecured loan, but more often it involves a secured loan against an asset that serves as collateral.

FINANCIAL PLANNING WORKSHEET

Date _____

Name _____

Employers Name _____

Spouses Name _____

Employers Name _____

Number children and ages _____

Home Address _____

STATEMENT OF WORTH

Assets

Cash on hand \$ _____
 Checking accounts \$ _____
 Savings accounts \$ _____
 Certificates of Deposit \$ _____
 Cash value of Life Insurance \$ _____
 U.S. Savings Bonds \$ _____
 Mutual Funds/Money Market \$ _____
 Stocks/Bonds \$ _____
 College Funds \$ _____
 401(k)/403(b)/TSP \$ _____
 Other (IRAs, etc) \$ _____

Real Estate (Market Value)

Home \$ _____
 Rental Property \$ _____
 Other (vac home/trailer/time share) \$ _____

Persona Property

Vehicles/Motorcycles/boats \$ _____
 Furniture \$ _____
 Jewelry \$ _____
 Other (Collectibles, etc) \$ _____

Liabilities

Signature Loans \$ _____
 Auto Loans/Leases \$ _____
 Consolidation Loans \$ _____
 Student Loans \$ _____
 Store Credit Cards \$ _____
 Other Credit Cards \$ _____
 Other Loans \$ _____
 Other (Friends, Relatives, etc) \$ _____
 Advance/Overpayments \$ _____

Mortgages-balances due

Home \$ _____
 Rental Property \$ _____
 Other (vac home/trailer/time share) \$ _____

TOTAL ASSETS
TOTAL LIABILITIES
NET WORTH
(Assets - Liabilities)

FOR OFFICE USE ONLY:

INTAKE CLERK _____ ID CARD SCREEN _____ MIL ORDERS SCREEN _____ WALK IN NUMBER _____ CMTIS _____
APPT TIME _____ APPT WITH _____ NOTARY _____ GPOA _____ SPOA _____ AFFIDAVIT _____

POWER OF ATTORNEY/NOTARY SERVICE WORKSHEET

FOR OFFICIAL USE ONLY – PRIVACY ACT SENSITIVE. Any misuse or unauthorized disclosure may result in both civil and criminal penalties. **PRIVACY ACT STATEMENT: AUTHORITY 5 U.S.C. 301 & 44 U.S.C. 3101 DOD ID NUMBER PRINCIPAL PURPOSE(S):** Obtain personal information to prepare legal document(s). **ROUTINE USE (S):** Information provided will be used by legal assistance personnel (attorneys, legalmen, paralegals and clerical staff) to prepare power(s) of attorney requested by the individual providing the information.

MANDATORY/VOLUNTARY DISCLOSURE, CONSEQUENCES OF REFUSAL TO DISCLOSE: Disclosure of DoD ID Number is voluntary and there will be no adverse consequence from refusal to disclose; however, an individual may be requested to establish eligibility for services by other means (e.g., production of military identification). Refusal to establish eligibility may preclude the requested assistance. Disclosure of all other requested information is voluntary, but failure to provide such information may limit this Command's ability to provide assistance.

Your Name (Last, First, Middle):			DoD ID Number (if known):	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: DD MMM YYYY	Branch of Service: <input type="checkbox"/> USN <input type="checkbox"/> USMC <input type="checkbox"/> USAF <input type="checkbox"/> USCG <input type="checkbox"/> USA <input type="checkbox"/> DoD		
Rank/Rate:	Pay Grade:	Eligibility: Office Staff: Reference JAGMAN §0706 for details on Legal Assistance eligibility and consult with your supervisor on eligibility questions. <input type="checkbox"/> Active Duty <input type="checkbox"/> Dependent of Active Duty Member <input type="checkbox"/> Reservist <input type="checkbox"/> Retiree <input type="checkbox"/> Dependent of Retiree <input type="checkbox"/> DOD		EAOS:
Command:	CI III	UIC:		
Your Home Address:		Your Mailing Address:		
Home Phone:		Cell Phone:		
Work Phone:		Email:		

Please prepare the following notary service(s) or legal document(s) for me using the information provided below.

1. **NOTARY SERVICE** *Please indicate the document you wish to have notarized:*
 Power of Attorney Affidavit Other: _____

2. **POWER OF ATTORNEY (POA) SERVICE** *Please provide the information below to request a power of attorney:*

Name of person receiving POA (Last, First, Middle): _____

Address: _____ Phone number: _____

Desired expiration date for POA (Limited to one year or length of deployment): _____

Desired type of POA:

- GENERAL POWER OF ATTORNEY:** *STOP HERE if you only need a General Power of Attorney. Read and sign the "Understanding Your POA" form.*
- SPECIAL POWER(S) OF ATTORNEY (SPOA):** *Read and sign the "Understanding Your POA" form then choose one or more of the SPOAs on the following page. Choose only the SPOA(s) necessary to conduct your affairs while you are away.*
- REVOCAATION (CANCELLATION) OF POWER OF ATTORNEY:** *Please provide the information below.*

Name of person who was granted Power of Attorney: _____

Type of Power of Attorney granted: Special General

Date Power of Attorney was granted: _____

Type of Special Power of Attorney granted (if applicable): _____

Your Signature _____ Date: _____

SPECIAL POWER OF ATTORNEY (SPOA) REQUEST FORM

Please choose from options 1 through 8 below to select the power(s) of attorney which are necessary to conduct your affairs while you are away.
Note: Please select **ONLY** those powers which are applicable to your situation.

1. BANKING Please *choose the banking power(s) you wish to grant your agent:*

- Endorse Checks Make deposits Endorse/Deposit Gov't Checks (U.S. Treasury) Obtain credit Obtain Navy Relief loan
 Access Safe Deposit Box Withdrawal (limited to): _____ Obtain loan (for no more than): _____
Bank Name: _____ Savings Acct #: _____
Checking Acct #: _____ Safe Deposit Box number (if applicable): _____

2. CHILDREN (IN LOCO PARENTIS / MEDICAL / CONSENT TO TRAVEL / FAMILY CARE PLAN)

Please choose the power(s) you wish to grant your agent with respect to your children:

- In Loco Medical/Dental Emergency Medical Care Evacuation Family Care Plan
 Consent for Minors to Travel *Please provide travel destination and passport information for children and grantee below.
 Custom insert: _____
Initial Date of Care: _____ Last Date of Care: _____ Grantee Phone #: _____
Name(s) of Child (ran) Date of Birth Passport # (Consent to travel only) Passport Exp. Date
(1) _____
(2) _____
(3) _____
Travel Destination (Consent to travel only): _____
Grantee Passport Number/Expiration Date (Consent to travel only): _____

3. DEERS/MILITARY DEPENDANT ID CARDS *Please choose the power(s) you wish to grant to your agent:*

- Obtain ID card Enroll in DEERS * NOTE: DD Form 1172 is also required by PSD for issuance of dependent ID cards

4. HOUSEHOLD GOODS (INCL. AUTO) *Please choose the power(s) you wish to grant to your agent with respect to household goods:*

- Ship household goods Ship auto Receive household goods Claim damages
Shipment to/from _____ Location where car to is be returned to you (if applicable) _____

5. MILITARY HOUSING *Please choose the power(s) you wish to grant to your agent with respect to military housing:*

- Accept quarters Vacate quarters Quarters located at: _____

6. PERSONAL PROPERTY/AUTOMOBILE *Please choose the power(s) you wish to grant to your agent with respect to your property/auto:*

- Purchase household items (provide description of items and maximum cost of item(s): _____
 Mail: Receive/forward, etc Make claim for damage/loss Register auto in state of: _____ Transfer title of auto
 Use/maintain auto Sell auto (for no less than): _____ Purchase auto (for no more than): _____
Provide applicable auto info: Year: _____ Make: _____ Model: _____ Color: _____ License #: _____
VIN #: _____ Current Registration State: _____ Insurance Co/Policy #: _____

7. REAL ESTATE *Please choose the power(s) you wish to grant to your agent with respect to real estate. For buying/selling/refinancing, attach copy of legal description of title to real estate.*

- Manage Lease Settle claims Mortgage Refinance Obtain loan Buy (for no more than): _____
 Sell (for no less than): _____ Rent (for no more than): _____
Address of real estate: _____
Max interest rate for loan if applicable: _____ Fixed interest rate or variable interest rate? _____

8. CUSTOM INSERT: _____

STATE: _____

DL INDEX #: _____

FOR OFFICE USE ONLY: ATTY: _____

DATE REC'D: _____

DATE DRAFTED: _____

DATE EXECUTED: _____

 MTI DUAL HCPOA DPOA SDPOA AMD/LW SDPOA SNT CST SGLI DD93

NAVAL LEGAL SERVICE COMMAND (NLSC) STANDARDIZED WILL WORKSHEET

NOTE: THIS PACKAGE *ITSELF* IS NOT A WILL. AN INITIAL APPOINTMENT **WITH AN ATTORNEY** IS REQUIRED TO DISCUSS YOUR WORKSHEET. AFTER THE INITIAL MEETING, YOU'RE WILL AND ANY ACCOMPANYING DOCUMENTS WILL BE PREPARED AND A SECOND APPOINTMENT WILL BE MADE FOR YOU TO SIGN YOUR DOCUMENTS.

PRIVACY ACT STATEMENT

Individuals seeking legal assistance are requested to provide personal information. The authority for soliciting and maintaining this information is found in 5 U.S.C. Section 301 and 44 U.S.C. Section 3101. The information you provide will be used by the legal services staff, including supervisory attorneys, to assign an attorney to you, prepare estate-planning documents, refer you to another attorney, review your file, and/or provide periodic workload productivity and statistical reports. The information you are requested to provide is solicited on a voluntary basis; however, failure to provide the requested information could result in this office being unable to provide the services requested.

This worksheet covers: a Will, an Advance Medical directive (also known as a Living Will or Natural Death Act Declaration), a Health Care Power of Attorney, a Springing Durable General Power of Attorney (only effective when you become disabled or incapacitated), Disposition of Remains/Unpaid Pay and Allowances/Death Gratuity Form (DD93), and Service members Group Life Insurance (SGLI) Beneficiary Designation Form (SGLV 8286).

PLEASE ANSWER EVERY QUESTION TO THE BEST OF YOUR ABILITY BEFORE YOU SEE A LEGAL ASSISTANCE ATTORNEY.

If you answer **YES** to any of the questions 1 through 7, please address these questions with a Legal Assistance Attorney because this may require specialized estate planning documents.

1. Are you are a resident of **Louisiana or Guam**? Yes No
 2. Did you or your spouse acquire any property while residing in a community property state? (AZ, CA, TX, ID, LA, NM, NV, WA, WI) Yes No
 3. Are you, your spouse or any beneficiary a **NON-U.S. citizen**? Yes No
 4. Do you own **land, home, personal property or other assets** in a **foreign country**? Yes No
 5. Do you own or hold a financial interest or ownership in a **business or farm**? Yes No
 6. Do you have a custody or separation agreement or divorce decree that mentions pension, Life insurance or other property rights? Yes No
 7. Do you currently have a will, living will, living trust or durable power of attorney? Yes No
- *If "yes," please bring the documents on questions 6-7 to your appointment.*

I. INFORMATION ABOUT YOURSELF AND YOUR FAMILY

a. Marital Status (check all that apply) <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated or about to divorce <input type="checkbox"/> Widowed			
b. Your Name (First, Middle, Last)	DoD ID Number (if known)	Date of Birth	
c. Current Spouse's Name (First, Middle, Last)	DoD ID Number (if known)	Date of Birth	
d. Home Address (Number, Street)	City	State	Zip
e. Mailing Address (Number, Street)	City	State	Zip

f. Your Home Phone	Work Phone	Cell Phone	Email
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g. Spouse's Home Phone	Work Phone	Cell Phone	Email
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8. STATE CONTACTS: Please indicate the State that best describes the following contacts/connections:

- a. State of current duty station? _____
- b. State where you are registered to vote? _____
- c. State where you own real estate? _____
- d. State where you plan to retire? _____
- e. State where you file income tax? _____
- f. State in which you hold a driver's license? _____
- g. State where your vehicle is registered? _____

- 9. CHILDREN:** Do you have any children? No → **SKIP TO QUESTION 14**
 Yes → How many natural/biological children do you have? _____
 How many adopted children do you have? _____
 How many stepchildren do you have? _____

10. Please identify all children that you have together with your spouse (if applicable) and all children that you have from any other relationships.

Full Name (First, Middle, Last) *Please indicate whether child is a Jr., III, etc.	Sex (M/F)	Date of Birth	Other Parent's Full Name	Status: Biological (B) Adopted (A) Stepchild (S)
1.				
2.				
3.				
4.				
5.				

- 11. Do any of your children have a physical or mental disability which makes them eligible or might make them eligible to receive government benefits, such as Medicaid? Yes No
- 12. If you or your adult children have stepchildren, will stepchildren be treated the same as biological children under this estate plan? Yes No
- 13. If you or your adult children have adopted children, will adopted children be treated the same as biological children under this estate plan? Yes No
- 14. Are you (or your spouse) pregnant or expecting a child? Yes No
- 15. In case you have children in the future, do you want to plan for them now? Yes No
- 16. If you have stepchildren, do you want to leave any part of your estate to your stepchildren? Yes No

17. PRIOR SPOUSES. If you are divorced or previously married, please list the full name(s) of your prior spouse(s), how the marriage ended, where the marriage ended, and the date of the end of your marriage below:

Full Name (First, Middle, Last)	How the marriage ended (e.g. divorce, death)	Where marriage ended (City, State)	Date marriage ended (Month/Yr)
1 st Prior Spouse			
2 nd Prior Spouse			

18. IF YOU ARE DIVORCED, are there any alimony or support obligations due after your death, as stated in your divorce decree? Yes No

19. NET VALUE OF ALL THINGS I OWN: After subtracting out all debt (including mortgages, car loans, and other lines of credit), what is the approximate dollar value of your estate? This includes any homes, vehicles, household furnishings, electronics, guns, insurance policies, retirement accounts, bank accounts, and other personal property or assets you (and your spouse, if you are married) own. **Please complete the Estate Assets Worksheet on Page 10.**

I certify that the estimated net value of my estate is: _____

II. HOW YOU WANT TO DISTRIBUTE YOUR ESTATE

20. REAL ESTATE: Who do you want to give your real property to? This includes homes, condos, pieces of land, time shares, etc. You must discuss with your legal assistance attorney ALL land in which you have an ownership interest.

- (a) I do not own/ have any real estate (homes, land, time shares) → **SKIP TO QUESTION 23**
 (b) I own real estate, and when I die, I want to give all real estate to my spouse, if living; otherwise to my children equally

FOR ATTORNEY USE ONLY: Per Stirpes Per Capita

- (c) I own real estate, and when I die, I want it to go to the following person(s) listed below:

Full Name of Person (First, Middle, Last)	Relationship to You	Which Property/Address
1.		
2.		
3.		

21. ALTERNATE BENEFICIARIES FOR REAL ESTATE: Who do you want to receive your real estate if you outlive the beneficiaries you've named above?

Full Name of Person (First, Middle, Last)	Relationship to You	Which Property/Address
1.		
2.		
3.		

22. With respect to real estate, do you want the will to (check ONLY one):

- State that mortgages and similar liens pass with the real estate to the person receiving the real estate from you. *(This option is generally the recommended option and means that the person receiving the real estate is also responsible for the remaining debt on the real estate).*
 State that real estate passes free of mortgages and similar liens to the person receiving the real estate from you, because you own other assets that you want sold to pay off the liens at your death. *(If you select this option, your estate must be large enough to PAY OFF the mortgage before any other bequests or gifts can be made).*
 Be silent regarding mortgages and similar liens.

23. SPECIAL GIFTS OF PERSONAL PROPERTY (OPTIONAL): In the following section, you may name the people you want certain items of personal property to go to. NOTE: Specifically listing items in your will may be limiting on your executor and beneficiaries. Omitting this section allows your beneficiaries to have flexibility to share your possessions more easily with those who might cherish them. If, however, you have a timeless heirloom or other personal property with value that will undoubtedly survive you, you may wish to specifically provide for these items here.

Do you wish to itemize any particular items to pull them out of the estate you are otherwise giving to your named beneficiaries? Yes No *(If "yes," please identify the specific bequests below):*

Description of Gift:	Name of Beneficiary/Relationship:	If Beneficiary dies before me, then to: <input type="checkbox"/> Beneficiary's heirs, OR <input type="checkbox"/> Gift passes with the rest of estate, OR <input type="checkbox"/> Alternate Beneficiary:
Description of Gift:	Name of Beneficiary/Relationship:	If Beneficiary dies before me, then to: <input type="checkbox"/> Beneficiary's heirs, OR <input type="checkbox"/> Gift passes with the rest of estate, OR <input type="checkbox"/> Alternate Beneficiary:
Description of Gift:	Name of Beneficiary/Relationship:	If Beneficiary dies before me, then to: <input type="checkbox"/> Beneficiary's heirs, OR <input type="checkbox"/> Gift passes with the rest of estate, OR <input type="checkbox"/> Alternate Beneficiary:

FOR ATTORNEY USE ONLY: Personal Property Memorandum? Yes No **[CAUTION: For residents of AK, AR, AZ, CO, DE, FL, HI, ID, IA, KS, MA, ME, MI, MN, MO, MT, ND, NE, NJ, NM, SC, UT, VA, WA, WY only]**

24. CASH BEQUESTS (OPTIONAL): You can also take cash out of your estate and give a cash gift to a specific person or charitable organization. **NOTE:** If you make a cash gift, some of your property may have to be sold off to satisfy these gifts, which will reduce the total amount given to your other beneficiaries. This is separate from naming any beneficiaries in your life insurance.

Do you wish to pull money from your estate to give a cash gift to a charitable organization or other individual?

Yes No (If "yes," please identify the cash bequests below):

Dollar Amount and source of funds:	Name/Address:	If Beneficiary dies before me, then to: <input type="checkbox"/> Beneficiary's heirs, OR <input type="checkbox"/> Gift passes with the rest of estate, OR <input type="checkbox"/> Alternate Beneficiary:
Dollar Amount and source of funds:	Name/Address:	If Beneficiary dies before me, then to: <input type="checkbox"/> Beneficiary's heirs, OR <input type="checkbox"/> Gift passes with the rest of estate, OR <input type="checkbox"/> Alternate Beneficiary:

25. WHERE THE REST OF YOUR PROPERTY WILL GO: Who do you want to receive the rest of your estate (after any specific bequests or cash bequests are fulfilled)? This includes non-tangible property like household goods, checking or savings accounts where you failed to name a pay on death beneficiary and stocks and bonds that are only in your name. **Please check one:**

- ALL to my surviving spouse, but if my spouse dies before me or with me, then all to my surviving children
- ALL to my surviving spouse ONLY and nothing to any of my children who may survive me. If my spouse dies with me or before me then to someone other than my children (*indicate alternate beneficiary below*).
- NONE to my current spouse, with the remainder going to my children, or to my children's surviving children, if any children of mine dies with me or before me.
- Do not have a current spouse but ALL to my surviving children or to my children's surviving children, if any children of mine dies with me or before me

FOR ATTORNEY USE ONLY: Per Stirpes Per Capita

ALL TO PERSONS as listed below (percentages must total 100 percent):

Full Name of Person (First, Middle, Last)	Relationship	Percentage
1.		
2.		
3.		
4.		
5.		

26. ALTERNATE BENEFICIARIES: If everyone you named above were to die before you or with you, who are your next choices to receive the balance of your estate?

Full Name of Person (First, Middle, Last)	Relationship	Percentage
1.		
2.		
3.		
4.		
5.		

27. DISINHERITANCE: Disinheritance allows you to exclude family members, potentially even your current spouse, from receiving any benefit from your will. Do you wish to disinherit (exclude) a family member? Yes No
(If "yes," please provide the names of the family members below)

Full Name (First, Middle, Last)	Relationship
1.	
2.	
3.	

FOR ATTORNEY USE ONLY: Client counseled on elective share/family support state laws?

28. EXECUTOR OR PERSONAL REPRESENTATIVE: An executor or personal representative is a person you nominate in your will to locate your will and take it to court to identify your assets and notify people and creditors of your death and talk to the court when needed. Your executor should be someone you trust, **who is at least 18 years old and either a US citizen or a resident LPR.** Some states have limits on who may serve in this role and laws regarding who can be the executor vary greatly from state to state. To avoid arguments and possible court battles do not name more than one person at a time to serve as an executor or personal representative.

Primary Executor/Personal Representative (Normally your current spouse)

Full Name(First, Middle, Last)	Relationship
1.	

Alternate Executor(s)/Personal Representative(s)

Full Name(First, Middle, Last)	Relationship
2.	
3.	

FOR ATTORNEY USE ONLY:

MUST THE PR/EXEC BE BONDED?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
MUST THE PR/EXEC FILE AN ACCOUNTING WITH THE COURT?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
WILL PR/EXEC MUST WAIVE FEES?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
MUST STANDARD FEES BE PAID TO BANK ACTING AS PR/EXEC?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

III. CUSTODIAL ACCOUNTS, TRUSTS & SPECIAL CONSIDERATIONS FOR GIFTS TO MINOR CHILDREN

29. Minor children and mentally incompetent adult children cannot receive assets and money outright. Instead the money must be placed either in a **custodial account** or a **testamentary trust**. If neither of these actions are taken, and your children are named as outright beneficiaries of your estate, SGLI proceeds, death benefits, or any other insurance policies, upon your death someone will have to file a petition with the court to ask the court to appoint them as guardians of the "estate" of the children before any of the funds can be released for the benefit of your children. This may cause significant time delays in accessing the money.

By appointing a **custodian** or **trustee** in your will, you can choose the person you want to handle your children's money if both you and the other parent die, which can save both time and money for the people who will be caring for your children after your death. Even if you do not have minor children or adult disabled children, but you do not want your future children to have full control of their inheritance until they reach some age older than 18, then you can also create a custodial account or testamentary trust for your children.

Please provide the age(s) you want any minor beneficiaries to reach before they have free access to spend their share of the gifts you leave them. (Note: If you do NOT have any minor children or adult disabled children AND you are NOT naming any minor children (e.g. siblings) as beneficiaries in your estate plan, please SKIP TO QUESTION 32).

- Some age under 21 (Specify) _____ 21 25 30 ½ at 21 and ½ at 25
 ⅓ at 21, ⅓ at 25, and ⅓ at 30 Some age(s) not listed above (Specify) _____

(Continued on the following page)

You must name a first choice (primary) person and an alternate (backup) person whom you trust other than your current spouse to handle this money for these minor children. You should also select a backup person in case the court refuses to appoint your first choice, or in case your first choice is not available. The people you choose must be 18 years of age and should be U.S. citizens or Legal Permanent Residents. Note: to avoid arguments and possible court battles you should not name more than one person at a time to serve as custodian or trustee.

Primary Custodian/Trustee of the children's inheritance:

Full Name(First, Middle Initial, Last)	Relationship to you	Phone number

Alternate Custodian/Trustee of the children's inheritance:

Full Name(First, Middle Initial, Last)	Relationship to you	Phone number

FOR ATTORNEY USE ONLY: Custodial Account Residuary Trust only Pre-Residuary Trust only
 Single ("Family Pot" Trust) Separate Trusts for each child
 Different trustees/conservators for different children: (Provide type of trust (Resid./Pre-Resid.), trustee, & beneficiary info)

Must the nominated custodian or trustee post bond to cover any children's property? Yes No
 Must the nominated custodian or trustee file an accounting with the court upon request of the children? Yes No
 If there are any children from a prior marriage or relationship, and someone other than one chosen by the client is appointed by the Court (e.g. a prior spouse), must that guardian post bond? Yes No

30. GUARDIAN OF THE CHILDREN: You should name a guardian of the person to care for and raise any minor children or adult disabled children of whom you and your current spouse are the legal custodians, so that the court knows who you would prefer to raise your children when you are no longer able to do so. The guardian(s) of the person will care for your minor children ONLY in the event that the other legal custodian dies before you or the other legal custodian is declared unfit by a court.

PLEASE NOTE:

1. The Guardian/Custodian of the minors should be a U. S. citizen or a lawful permanent resident of the United States.
2. Most states require that the guardian not have a criminal record.
3. Some states do not permit non-residents of that state who are not related to the child by blood to serve as guardians/conservators of the property and may require the guardian to post bond regardless of the nomination of a non-resident guardian in the will.

Do you wish to name a guardian for your children in the event that both you and the other biological parent or legal guardian (if one exists) are deceased OR you are deceased and the other legal parent is declared unfit by the court? Note: to avoid arguments and possible court battles you should not name co-guardians.

- Yes (Please provide contact information for guardian(s) below)
 No (If "no," then the court has no guidance from you about who you prefer to raise your children.)

Primary Guardian to Care for and Raise My Children

Full Name(First, Middle, Last)	Relationship	Phone number
1.		

Alternate Guardian(s) to Care for and Raise My Children

Full Name(First, Middle, Last)	Relationship	Phone number
2.		
3.		

31. GUARDIAN OF CHILDREN'S ADDITIONAL MONTHLY BENEFITS: (E.g. social security/VA benefits your child may receive as result of your death). If the persons you select to raise your children above as guardians are not the same persons whom you have named as trustees/custodians, please select which persons should handle any additional monthly benefits the children may receive as a result of your death:

- I want the people named above as guardians above to **ALSO** handle any monthly benefits; or
 I want the other people I previously named as trustees or custodians to handle any monthly benefits.

32. FOR ACTIVE DUTY ONLY: Your SGLI (currently \$400,000), Death Gratuity of \$100,000, and Unpaid Pay and Allowances are a very large part of your estate. **Do you want your SGLI benefits to be benefits paid out identically to this estate plan?** Yes No (If "no," please provide the names of your beneficiaries below).

SGLI Beneficiary Designations	Relationship	Share	Lump Sum or 36 payments
Principal			
1.			
2.			
3.			
Contingent			
1.			
2.			
3.			

Do you want your Death Gratuity and Unpaid Pay and Allowances paid out identically to this estate plan?

Yes No

If "no," who do you want the Death Gratuity to go to? _____

If "no," who do you want the Unpaid Pay and Allowances to go to? _____

FOR ATTORNEY USE ONLY Client counseled on SGLI and Death Gratuity Draft New SGLI Draft New DD-93
IF DRAFTING A NEW DD-93: PADD: _____ Relationship: _____
 Address: _____
 Phone: _____

33. BENEFICIARIES WITH SPECIAL NEEDS: List any beneficiary who has or may have a physical or mental disability and is receiving or may be eligible to receive government benefits, such as Medicaid and Supplemental Security Income (SSI). If you have any disabled beneficiaries, your will should include a "supplemental needs trust" to protect the person's government benefits. Please complete the section below if any of your beneficiaries have special needs:

Note: Trustees must be U.S. citizens or Lawful Permanent Residents

Name of Disabled Person:	Relationship to You?
Type of Disability:	Property, Percentage of Estate or \$ Amount:
Name of Trustee:	State where Trustee lives:
Alternate Trustee:	State where Alternate Trustee lives:

FOR ATTORNEY USE ONLY: Client referred to: _____ Date of referral: _____

34. DISPOSITION OF REMAINS: Please select your preferred method:

- a. Funeral Arrangements: Burial Cremation Full Donation
 b. Full military honors? Yes No N/A
 c. American flag to eligible family member? (provided by VA) Yes No N/A
 d. American flags to add'l family members (to be paid from your estate) Yes No N/A

Names of family members: _____

Note: This ends the will portion of this worksheet. Please fill out the remainder of the worksheet to obtain other important documents.

35. SPRINGING DURABLE POWER OF ATTORNEY FOR HEALTH CARE: This document names someone to make medical care decisions for you if you are too sick to make your own decisions or have an accident that causes you to be incapacitated. If you are incapacitated, medical professionals will need someone to legally authorize or decline certain medical or psychological treatment for you because you cannot make your own medical decisions.

The power of attorney for medical care gives the person you designate as your agent the authority to make a wide range of medical decisions on your behalf, including termination of life support in some states. It also gives your agent access to your medical information and authority to fully participate with your treating physicians with respect to the care provided to you. The person you designate to be your agent should be someone you trust with life and death decisions and someone who is at least 18 years of age.

If you do not create this document and you are in a medical situation where these decisions need to be made, it is very likely that a court hearing will have to occur before the decisions can be made by anyone. A court hearing on this matter can be very costly. Creating a Power of Attorney for Health Care now can save significant money and prevent other inconveniences to your family.

Do you want a POA for health care? Yes No (If "yes," please provide the name(s) of your agent(s) below)

Primary Agent	Alternate Agent
Name/Relationship	Name/Relationship
Full Address	Full Address
Phone Number	Phone Number

36. ORGAN DONATION AFTER DEATH:

- a. Do you want to authorize the donation of organs for transplantation? Yes No
- b. Do you want to authorize donation of organs and tissue for medical, educational, and scientific purposes? (Note: your loved ones may not receive your body for burial). Yes No
- c. If authorizing donation, do you only wish to donate your organs if there is no charge to your estate to remove and transplant the organs? Yes No
- d. If you wish to omit certain organs for donation please list here: _____

37. HOSPICE/DEATH AT HOME: If you are near death and your medical professionals suggest hospice or indicate that there is no hope left, do you wish to express a desire to die at home or in a hospice rather than in the hospital if possible? Yes No

38. NATURAL DEATH ACT DECLARATION (LIVING WILL): This document allows you to authorize termination of artificial life support in the event that you have a terminal, incurable medical condition, your life is being prolonged only by means of artificially provided life support, AND you are unable to personally communicate your wishes to your doctors. It has no effect until then and will only "speak for you" if and when you are incapacitated so your doctors know, and can act upon, your desires concerning termination of artificial life support. You can limit the types of life-prolonging treatment administered during the dying process. Your attorney will discuss your right to expand or limit medical services that might be provided while still retaining the right to terminate life support pursuant to the living will.

Also, please note that many people mistakenly believe that their next of kin have the legal right to make this decision regardless of whether there is a formal document signed by them authorizing such decisions. However, this is not the case in many states. If you do not have this document, then the only person with the legal authority to make a decision about whether to remove you from life support or not could be a judge after a court hearing.

Do you want to a living will? Yes No

39. FLORIDA RESIDENTS ONLY: If you want a living will, do you want to name a separate agent (called a surrogate in Florida) for your living will (if not, your agent will be the same as for your health care power of attorney)? Yes No (If "yes," please identify agent's name, address, and phone number): _____

40. FEMALE CLIENTS ONLY: If you want a living will, you can chose to limit the power of your living will during a pregnancy indicating that no medical actions can occur that would adversely impact the viability of your fetus. Do you want your living will to contain an exception limiting its scope during pregnancy? Yes No

41. SPRINGING DURABLE GENERAL POWER OF ATTORNEY: Your will takes effect only *after* your death, but you should also plan for who can handle your finances when you might be mentally or physically unable to do so because of illness or accident. Because you are of sound mind right now, you can also legally appoint someone to handle your financial and property management affairs if you ever become incapacitated for any reason, whether through illness or accident.

If you do not appoint an agent under this type of document, then whoever decides to try to handle your affairs in the event of your incapacitation (including your spouse) will need to go to court to have you declared incompetent to handle your own financial affairs. To protect yourself, you can appoint an agent for yourself through this durable power of attorney.

Your attorney-in-fact will have great authority over your affairs and must be over the age of 18. Not only can he or she keep your affairs in order, but he or she has the ability to abuse this document at your expense for his or her own gain so the person you select must be highly trustworthy.

a. Do you want a Springing Durable Power of Attorney?

- Yes (Please provide contact information below)
 No (If "no," please sign at the bottom of this page. Your worksheet is complete).

b. Do you want the same person(s) you named as your medical agent(s) to also serve as your agent for the Springing Durable Power of Attorney? Yes No (If "no," please provide information for your agent below).

c. Who do you wish to appoint as your agent? (Note: your agent must be at least 18 years of age and should be a U.S. Citizen or LPR)

Primary Agent	Alternate Agent
Name/Relationship	Name/Relationship
Full Address	Full Address

d. If you are unable to take care of yourself and a court needs to appoint a guardian or conservator to take care of you, do you want the court to appoint the person(s) named above as your guardian or conservator? Yes No

FOR ATTORNEY USE ONLY: All states honor 10 U.S.C. § 1044 Durable Springing Powers of Attorney. If you are not preparing the POA under 10 U.S.C. § 1044 then you must check state law to confirm whether the POA may be a springing POA.

Is the Springing Durable General Power of Attorney to:

Sell real property

Deal with IRA, retirement and pension plans on client's behalf

Prepare (or have a tax person prepare) and file client's income taxes for client

Disclaim (refuse to accept a gift from another estate or refuse to accept an insurance policy for which client has been designated the beneficiary) if doing so will benefit client's estate

Create an irrevocable income trust to qualify for Medicaid

Make a gift of any asset in client's estate to himself or herself

Make a gift of any asset in client's estate to beneficiaries only

Compensation for Agent: Not discuss compensation Reasonable compensation Agent waives compensation

Liability for Agent: No liability to 3rd parties for negligence Liability to 3rd parties for negligence

I authorize the attorney or his or her designee to contact me at the e-mail address listed on page one and send a draft of my documents for my review to that same e-mail address.

CLIENT SIGNATURE: _____

DATE: _____

YOUR TOTAL ESTATE ASSETS WORKSHEET

It is critically important that we know what kind of property you own and exactly how you own it (how it is titled). Each State has different rules as to how property passes, and we can only help you and your family if you take the time to gather the necessary information. If the total value of your assets is more than *one million dollars* call our office: we will request additional information to do more advanced estate planning. Add additional sheets as necessary. If some of the below assets do not apply to you, just print "NONE" in the spaces and move on.

1. Do you (or your spouse) own a home or any other real estate? If so, bring a copy of the deed(s) to your appointment.

Description and Address	Titled in whose name (or names) Indicate if Joint or Beneficiary and name	Purchase Price	Market Value	(-)Mortgage	(=) Equity
Total Net Value in Q 1:					

2. Do you (or your spouse) own any other titled property such as a car, boat, etc.?

Description	Titled in whose name (or names) Indicate if Joint or Beneficiary and name	Market Value	(-)Loan Bal	(=) Equity
Total Net Value in Q 2:				

3. Do you (or your spouse) have any checking accounts or interest bearing accounts (savings, money market, CD's)?

Name of Bank and type of account (savings, checking, etc.)	Titled in whose name (or names) Indicate if Joint or Beneficiary and name	Approx. Balance
Total Value in Q 3:		

4. Do you (or your spouse) own any investments such as stocks or mutual funds (do not include IRAs)?

Name of Investment or Brokerage Account	Titled in Whose Name Indicate if Joint or Beneficiary and name	Current Value
Total Value in Q 4:		

5. Do you (or your spouse) have any retirement accounts? (401K, IRAs, Thrift Savings Plan?)

IRA/Plan Owner (H or W)	Description of Plan or IRA	Who is designated as beneficiary if owner dies?	Current Value
Total Value in Q 5:			

6. Do you (or your spouse) have any COMMERCIAL life insurance policies and/or annuities?

Name of Company	Who is insured	Policy owner	1 st Beneficiary	2 nd Beneficiary	Death Benefit
Value of your SGLI or VGLI: _____ Spouse SGLI _____			Total Value in Q 6:		
TOTAL VALUE OF ESTATE:					

LEGAL ASSISTANCE CLIENT INTAKE QUESTIONNAIRE

FOR OFFICIAL USE ONLY – PRIVACY ACT SENSITIVE. Any misuse or unauthorized disclosure may result in both civil and criminal penalties. **PRIVACY ACT STATEMENT: AUTHORITY 5 U.S.C. 301 & 44 U.S.C. 3101 DoD ID NUMBER PRINCIPAL PURPOSE(S):** Information is to monitor the caseloads in legal assistance office. **ROUTINE USE (S):** Information provided is used to assign cases and monitor legal assistance attorneys and assigned clerical personnel.

MANDATORY/VOLUNTARY DISCLOSURE, CONSEQUENCES OF REFUSAL TO DISCLOSE: Disclosure of DoD ID Number is voluntary and there will be no adverse consequence from refusal to disclose; however, an individual may be requested to establish eligibility for legal assistance by other means (e.g., production of military identification). Refusal to establish eligibility may preclude the requested assistance. Disclosure of all other requested information is voluntary, but failure to provide such information may limit this Command's ability to provide assistance.

Your Name (Last, First, Middle): _____ DoD ID Number (if known): _____

Gender: (circle one) Male Female	Date of Birth: DD/MM/YYYY	Branch of Service: (circle one) USN USA USAF USCG USMC DoD
--	---------------------------	--

Rank/Rate:	Pay Grade:	Eligibility: (circle one) <small>Office Staff Reference JAGMAN Ch. 7 for details on legal assistance eligibility and consult with your supervisor</small> Active Duty Dependent of Active Duty Member Retiree Dependent of Retiree Reservist DOD Civilian	EAOS:
------------	------------	---	-------

Command: _____ UIC: _____

YOU'RE Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Telephone: (____) _____ Cellular: (____) _____

Work: _____ Fax: _____ Email: _____

Your Spouse's Name: _____ DoD ID Number (if known): _____ Spouse's Maiden Name _____

Are you currently represented by an attorney? If yes, the attorney's name: _____	o Yes o No
Have you received services from this Legal Service Office before? (Office Use Only: Date seen: _____ First time client FY _____ Repeat Client FY _____)	o Yes o No
If yes, what services did you receive? _____	
Have you seen a legal assistance attorney before? If yes, the attorney's name: _____	o Yes o No
Are you seeking services relating to a pending Civilian Administrative Forum (CAF)? <small>(Overseas only)</small>	o Yes o No
Are you seeking services because you are a victim of a crime? <small>If so, STOP HERE, sign at the bottom, & please DO NOT give factual information/details about the crime.</small>	o Yes o No
Are you seeking services because you are a victim of domestic violence? <small>If so, STOP HERE, sign at the bottom, & please DO NOT give factual information/details.</small>	o Yes o No

What issues will you be discussing during your appointment?

IF THERE IS AN OPPOSING OR ADVERSE PARTY IN YOUR SITUATION PROVIDE COMPLETE DETAILS BELOW

Party's Name:	DoD ID Number of opposing party (if known): _____		
Home or Contact Address:	City:	State:	Zip:
Home Number	Cell:	Email:	Work:
Active Duty o Inactive Reserve/Guard o Retiree o Dependent o Other (Explain) _____			
Rank/Rate:	Pay Grade:	Branch of Service:	Command:

Your Signature _____ Date: _____



Prudential

Office of Service members'
Group Life Insurance

Servicemembers' Group Life Insurance Election and Certificate

1. About You

Print Name (First, Middle, Last)

Rank, title or grade

Social Security Number

Duty Location

Branch of Service

Current Amount of SGLI

2. about Your Coverage

I am completing this form to: (Check all that apply)

- Name or update my SGLI beneficiary. You must complete sections 3 & 5.
- Increase or restore my SGLI coverage to \$ _____. You must complete sections 3, 4, & 5.
- Reduce my SGLI coverage to \$ _____. You must complete sections 3 & 5.
- Decline or cancel SGLI coverage. Write below "I do not want insurance at this time." You must complete section 5.

“ _____ ”

Coverage is Available in increments of \$50,000 up to a maximum of \$400,000

3. About Your Beneficiaries complete this section unless you are declining coverage

Primary Name and Address	Social Security Number (If available)	Relationship to you	Share To each (% or \$ amounts)	Payment Option (Lump sum* or 36 equal monthly payments)
1.	<input type="text"/>			
2.	<input type="text"/>			
3.	<input type="text"/>			
4.	<input type="text"/>			
Secondary				
1.	<input type="text"/>			
2.	<input type="text"/>			
3.	<input type="text"/>			
4.	<input type="text"/>			

Have more beneficiaries? Check the box and complete Supplemental SGLI Beneficiary Form, SGLV 8286S.

If you do not name beneficiaries above, your insurance will be paid by law (see page 3).

* If the insured member elects a lump sum payment, the beneficiary(ies) will be given the option of receiving the lump sum payment through the Prudential Alliance Account®, by check, or Electronic Funds Transfer (EFT). Alliance Account is not available for payments less than \$5,000, payments to individuals residing outside the United States and its territories, and certain other payments. These will be paid by check.

Open Solutions Inc. is the Service Provider of the Prudential Alliance Account Settlement Option, a contractual obligation of The Prudential Insurance Company of America, located at 751 Broad Street, Newark, NJ 07102-3777. Draft clearing and processing support is provided by UMB Bank, N.A. **Alliance Account balances are not insured by the Federal Deposit Insurance Corporation (FDIC).** Open Solutions Inc. and UMB Bank, N.A. are not Prudential Financial companies.

4. About Your Health complete this section ONLY if you are restoring or increasing coverage.

Your gender Female
 Male

Your date of birth (MM, DD, YYYY)

Your weight

Your height

Have you had, been treated for, or had known indications of:

- | | Yes | No |
|--|--------------------------|--------------------------|
| a. A heart condition? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. High blood pressure? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. A neurological disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Diabetes? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Cancer or tumors? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Have you ever been diagnosed as having a disease of the immune system? | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Do you have any known physical impairments, deformities, or ill health not covered above? | <input type="checkbox"/> | <input type="checkbox"/> |

Did you answer "YES" to any question? If so, reference the question by letter and list date, duration and details below.

Any request to increase coverage does not take effect until approved by the Office of Servicemembers' Group Life Insurance (OSGLI).

5. Your Signature You must complete this section.

I have read the instructions and understand that:

- This form cancels any prior beneficiary or payment instructions.
- I can have SGLI and Veterans' Group Life Insurance (VGLI) coverage at the same time, but the combined amount cannot be more than \$400,000.
- Reducing or declining SGLI coverage can affect the amount of my family coverage, traumatic injury coverage and post-separation coverage (see instructions for details).
- If I am married or get married after completing this form and have not declined SGLI, spouse SGLI automatically covers my spouse. If my spouse is also a member of the uniformed services and we were married on or after January 2, 2013, spouse SGLI coverage is not automatic, but I may apply for spouse coverage by completing SGLV 8286A. I must register my spouse in DEERS so my branch of service can deduct premiums from my pay. *Failure to register my spouse in DEERS will result in my owing debts for unpaid premiums.* I can decline spouse SGLI coverage by completing SGLV 8286A.
- I am free to name anyone I want as my beneficiary. I certify that I understand if I have designated someone other than my spouse or child as my beneficiary, the person I have named is the person I intend to receive my insurance proceeds. I also understand that if I am married, my spouse may be notified that he/she (or my child) is not my designated beneficiary.
- I certify that the information provided on this form is true and correct to the best of my knowledge and belief. Any deception or knowingly false statement either by inference or omission may result in cancellation of the insurance or in the refusal to pay a claim.

Service Member Signature

Social Security Number

Date (MM, DD, YYYY)

Address

Submit this form to your Unit Personnel Clerk.

For Branch of Service Use Only

Name of Personnel Clerk

Rank, title or grade

Contact telephone/email

Date

Address

For OSGLI Use Only

Representative

Approve

Disapprove

Date

Information for the Service Member

About your SGLI Coverage

Servicemembers' Group Life Insurance (SGLI) is granted under title 38, United States Code, and is subject to the provisions of that title and its amendments, and title 38 Code of Federal Regulations.

The following charts provide information you should review before naming a beneficiary or selecting a payment option.

Naming Beneficiaries who will receive the insurance

If you...	Then...
are married and decline coverage upon entry into service	Your spouse will be notified that you declined coverage.
are married and designate any person other than your spouse or child for any amount of insurance	your spouse will be notified in writing that he/she or your child is not the named beneficiary, unless: - your spouse has been previously notified, OR - Your spouse is not designated as beneficiary for any amount of insurance prior to the new election.
are married and your spouse is designated as beneficiary and you decline coverage or elect less than maximum coverage, and that election reduces your coverage from the automatic maximum or from a previously elected amount of coverage	your spouse will be notified in writing of your election to decline or reduce coverage.
have any life event such as marriage, divorce, or children after completing this form	you should complete a new beneficiary form. Beneficiaries are not automatically changed by life events.
name more than one beneficiary	the sum of the shares must equal 100% or the full dollar amount of your insurance.
want to name more than four primary or secondary beneficiaries	you must complete the SGLI Supplemental Beneficiary Form, SGLV 8286S.
name minors as beneficiaries	- SGLI will pay the insurance benefit to the court-appointed guardian of the children's estate if the beneficiary is a minor at time of claim. - you can establish a trust for the benefit of the children and name the trust as beneficiary. A trust names a trustee of your choice to be legally responsible for administering the insurance proceeds for the children. - naming a trust as a beneficiary on this form does NOT create a trust.
name more than one primary beneficiary and one or more of them predeceases you	SGLI will pay the shares equally among the remaining primary beneficiaries.
want to name a Trust as a beneficiary	you must create a trust. Please consult with a military attorney, professional financial planner, or estate planner to help you create Trust documents. (Please note: Trust documents are not needed until a claim is submitted.)
have no surviving primary beneficiaries	SGLI will divide the insurance benefit among the secondary beneficiaries.
do not name a beneficiary or there are no surviving primary or secondary beneficiaries OR indicate that payment should be made by law	SGLI will pay the insurance benefit in the following order: 1. Widow or widower 2. Children in equal shares (the share of any deceased child will be distributed equally among the descendants of that child) 3. Parent(s) in equal shares or all to surviving parent 4. A duly appointed executor or administrator of your estate 5. Other next of kin

Payment Options

If you want the beneficiary to...	Then...
receive the insurance proceeds in one lump sum	write the phrase "lump sum" under Payment Options. If you elect a lump sum payment, your beneficiary(ies) will be given the option of receiving the lump sum payment through the Prudential Alliance Account SM , by check, or Electronic Funds Transfer (EFT). * Alliance Account is not available for payments less than \$5,000, payments to individuals residing outside the United States and its territories, and certain other payments. These will be paid by check.
receive the insurance proceeds in 36 equal monthly payments	- write "36" under the Payment Option. - your beneficiary cannot change this payment option.
have a choice	write the phrase "lump sum" under Payment Option or leave blank.

Instructions for Personnel Clerk and the Service Member

1. A representative of the Uniformed Services must complete the "For Branch of Service Official Use Only" section to indicate receipt of the form from the member after reviewing the following table:

If the service member...	The Personnel Clerk should inform the service member...	Then the Personnel Clerk should...
has just entered the service	he or she is automatically insured for \$400,000 SGLI, unless the service member declines or reduces coverage.	have the service member designate beneficiaries by completing SGLV 8286.
is increasing or restoring SGLI	he or she must complete Section 4, <i>About Your Health</i> .	approve form if the responses to questions 4a through 4g are "No" and forward the form to payroll to change SGLI premium deductions. send form to OSGLI if any answer to questions 4a through 4g are "Yes." Only inform payroll when approved by OSGLI.
Reduces, declines, or cancels SGLI	an application with health questions is required to increase, elect, or restore coverage at a later date. of the following: – the purpose and role of life insurance in financial planning. – the difference between term life insurance and whole life insurance. – the availability of commercial life insurance. – the relationship between SGLI and VGLI. – declining or canceling SGLI will also cancel Family SGLI— both spouse and dependent child coverage— and Traumatic Injury Protection (TSGLI).	forward the form to payroll to change SGLI premium deductions. if canceling SGLI, have the service member complete SGLV 8286A to end payment of Family SGLI premiums. No form is required to end TSGLI premium deductions. if the member is married and reduces, declines, or cancels SGLI, inform the member that his/her spouse may be notified in writing of the member's election based on Title 38, USC 1967 (f).
is married or gets married after completing this form (and is not married to another member of the uniformed services)	spouse SGLI automatically covers spouse. he or she must register their spouse in DEERS for payroll to deduct premiums. If the member wants to decline coverage or take a lesser amount of spouse coverage, the member must complete SGLV 8286A.	if applicable, forward the form to payroll to begin premium deductions for the spouse coverage.
gets married to another member of the uniformed services on or after January 2, 2013	spouse SGLI coverage is not automatic and the member may apply for spouse SGLI coverage by completing SGLV 8286A.	if member wants spouse SGLI coverage, provide the member with SGLV 8286A, Spouse Coverage Election and Certificate, and follow the instructions therein.
has questions about this form	the advice of a military attorney is available at no expense.	direct them to the appropriate resource.
wants to designate more beneficiaries than the form allows	he or she must complete the Supplemental SGLI Beneficiary Form SGLV 8286S.	attach the Supplemental Beneficiary Form to the 8286.
designates any person other than his/her spouse or child for any amount of insurance	while the member is free to designate anyone he or she chooses as beneficiary, the member must certify that he or she is designating someone other than a spouse or child and the person named will receive the benefit. if the member is married, the member's spouse will be notified in writing that he/she or the member's child is not the named beneficiary, unless: – the spouse has been previously notified, OR – the spouse is not designated as beneficiary for any amount of insurance prior to the new election.	have the member sign SGLV 8286 to certify that he/she understands that: he/she is free to name anyone as beneficiary. if he/she designated someone other than his/her spouse or child as beneficiary, the person the member has named is the person he/she intends to receive the insurance proceeds. if married, the spouse will be notified that he/she (or any child) is not the designated beneficiary.

2. After the form is completed, Personnel Clerk should:

- File a copy in the member's official personnel file
- Provide a copy to the service member
- Provide a copy of the form to the payroll office for the member's unit
- Submit the form to OSGLI ONLY if the member is increasing or restoring SGLI coverage and answered "Yes" to one or more of the health questions

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