NAVCOMPT FORM 2269
(7-78)

APPLICATION FOR ANNUITY and/or CLAIM FOR UNPAID COMPENSATION

NOTE: Please read and follow the attached instructions for completing and submitting this form.

TO BE USED BY THE SURVIVING SPOUSE OF THE DECEASED MEMBER FOR: *(Check all boxes that apply)*

a. ☐ APPLICATION FOR ANNUITY under the RETIRED SERVICEMAN'S FAMILY PROTECTION PLAN (RSFPP).
b. ☐ APPLICATION FOR ANNUITY under the SURVIVOR BENEFIT PLAN (SBP).
c. ☐ CLAIM for UNPAID COMPENSATION.

SECTION I. Information concerning DECEASED RETIRED MEMBER

1. NAME OF DECEASED RETIREE *(Last, first, middle initial)*	2. SOCIAL SECURITY NUMBER	3. DATE OF DEATH

ENCLOSE A COPY OF THE DEATH CERTIFICATE AND ANY FEDERAL CHECKS DRAWN TO THE ORDER OF THE DECEASED FOR PAYMENT OF RETIRED NAVY PAY.

SECTION II. Information concerning WIDOW, WIDOWER

4. NAME OF SURVIVING SPOUSE *(Last, first, middle initial)*	5. SOCIAL SECURITY NUMBER	6. CITIZENSHIP
7. HOME ADDRESS	8. PLACE OF BIRTH	9. DATE OF BIRTH

10. MAILING ADDRESS FOR CHECKS	11. TELEPHONE NUMBER

12. WERE YOU LEGALLY MARRIED TO THE DECEASED AT TIME OF DEATH? ☐ YES ☐ NO	13. DATE OF MARRIAGE	14. PLACE OF MARRIAGE *(City and State)*

SECTION III. CHILD INFORMATION

List unmarried children under 23 years of age and unmarried children incapable of self-support regardless of age. Place an "X" in the last block if the child is between 18 and 22, is unmarried, and is pursuing a full-time course of study.

15. FULL NAME OF CHILD *(Last, first, middle initial)*	16. SOCIAL SECURITY	17. DATE OF BIRTH	18. "X"
a.			☐
b.			☐
c.			☐
d.			☐
e.			☐

SECTION IV. **CLAIM CERTIFICATION AND SIGNATURES**

19. SIGNATURE OF APPLICANT	20. DATE
21. FIRST WITNESS SIGNATURE	22. DATE
23. ADDRESS	
24. SECOND WITNESS SIGNATURE	25. DATE
26. ADDRESS:	

"SBP" APPLICANTS MUST COMPLETE THE AFFIDAVIT ON REVERSE

SECTION V. STATEMENT OF UNDERSTANDING–DEPENDENCY AND INDEMNITY COMPENSATION (DIC) UNDER THE SURVIVOR BENEFIT PLAN (SBP)

I UNDERSTAND THAT UNDER SBP:

a. My annuity will be established IN FULL if my entitlement to DIC from the Veterans Administration (VA) is not known by the Navy Finance Center;

b. I cannot receive both SBP and DIC in the full amounts;

c. I cannot receive both SBP and DIC even though DIC payable is based on an individual other than the one on whose death SBP is payable;

d. I am only entitled to the amount of the SBP annuity that exceeds the DIC payments that may be payable.

If the VA determines that I am entitled to DIC, I will notify the Retired Pay Department (302), Navy Finance Center, Cleveland, Ohio 44199 of the amount of DIC awarded.

If any overpayment of SBP benefits has occurred, my signature on this statement authorizes the VA to repay the Navy Finance Center the amount of the overpayment from the DIC payments to which I may become entitled.

27. HAVE YOU APPLIED TO THE VETERANS ADMINISTRATION FOR BENEFITS? ☐ YES ☐ NO:

a. If "yes", complete the following:

VA Claim Number: _____

Amount of Award: $ _____

ADDRESS OF VA OFFICE THAT HANDLES YOUR CLAIM: *(List City, State and Zip Code)*

b. If "no", do you intend to apply for Benefits? ☐ YES ☐ NO

28. SIGNATURE OF APPLICANT	29. DATE

WITNESS INSTRUCTIONS

Fines, penalties of forfeitures may be imposed by law for the making of false or fraudulent claims against the United States or by the making of false statements.

a. When making a claim for unpaid compensation, two witnesses who are well acquainted with the claimant are required to witness the claimant's signature. Their signatures, addresses and date signed should be recorded in blocks 21 through 26 of Section IV, Claim Certification and Signatures.

b. When this form is signed by the mark "X", or another person signs for the annuitant due to physical inability to write, the mark and signatures must be witnessed by two parties in blocks 21 through 26 of Section IV, Claim Certification and Signatures.

PRIVACY ACT STATEMENT

This statement is provided in compliance with the Privacy Act of 1974, which requires that we furnish you with the following information. The authority for this form is Public Law 92-425 and 90-485. The purpose is to allow eligible claimants to apply for arrears of pay or an annuity. The form will be used to establish annuity accounts. Disclosure is voluntary; however, without the information requested, eligibility cannot be established and no payments can be made.

INFORMATION ABOUT YOUR APPLICATION

1. Read these instructions carefully before completing the application form. If you have any questions about your particular situation or about completion of the form after reading the instructions, please contact the Navy Finance Center by phone (216) 522-5495. No payment can be made until the properly completed form is received by the Navy Finance Center. If the form is received and is not properly completed, it will be returned to you with instructions for completion.

2. This form is for use only by the surviving spouse to apply for any unpaid compensation due the deceased member and/or any Retired Serviceman's Family Protection Plan (RSFPP) or Survivor Benefit Plan (SBP) annuity which the member provided for spouse or spouse and children by a reduction in his retired/retainer pay.

3. Please complete the form as soon as possible by typing or printing in ink and return to the following address: NAVY FINANCE CENTER, RETIRED PAY DEPARTMENT (302), CLEVELAND, OHIO 44199.

4. Enclose a copy of the death certificate and any uncashed retired/retainer checks with your completed form. Retired pay ceases on the date of death of the member and is not payable to the survivors, except for any portion to which the retired member was entitled prior to death. This unpaid compensation will be calculated by the Navy Finance Center and will be paid to the member's designated beneficiaries in the percentage indicated.

5. If you wish to contact the Navy Finance Center (302) in writing, please include the full name and social security number of the deceased member as well as your own full name, and social security number, telephone number and current address. This will enable the Navy Finance Center to process your request in a timely manner.

INSTRUCTIONS FOR COMPLETING THE FORM

At the top of page 1 there are three boxes to be checked. Put an "X" in the boxes which apply to your situation. If you are not sure of your entitlement, put an "X" in the boxes which you think apply. Leave any box which does not apply blank.

SECTION I. DECEASED MEMBER INFORMATION

This section must *ALWAYS* be completed.

1. Enter member's full name in block 1. Put last name first, the first name and middle initial.
2. Enter member's social security number in block 2.
3. Enter member's date of death in block 3.

SECTION II. INFORMATION ON WIDOW OR WIDOWER

This section must *ALWAYS* be completed.

4. Enter your full name in block 4; last name, first name, middle initial.
5. Enter your social security number in block 5.
6. Enter your citizenship in block 6.
7. Enter your current home address in block 7.

8, 9. Enter your place of birth and the date of birth in blocks 8 and 9.

10. Enter the mailing address for checks in block 10. If they should be sent directly to a financial organization, include the account number in the address. If checks should be mailed to the home address as shown in block 7, indicate "SAME AS ABOVE" in block 10.
11. Enter your telephone number in block 11. Include the area code. This information will expedite handling in case any questions arise while processing the application.
12. If you were legally married to the deceased at the time of death, put an "X" in the box in block 12 preceding the word "YES". If you were not legally married to the deceased at the time of death, put an "X" in the box in block 12 preceding the word "NO".
13. Enter the date of marriage in block 13.
14. Enter the place of marriage in block 14.

SECTION III. CHILD INFORMATION

This section should be completed if there were any surviving unmarried children of the deceased:

a. who were under 23 years of age at the time of death of the deceased member, or,
b. who were 23 years of age or over and were incapable of self-support due to physical or mental disability. If there are no eligible children, enter "NONE" in block 15.

15. Enter the full name of the child in block 15.

16. Enter the child's social security number in block 16.

17. Enter the child's date of birth in block 17.

18. Place an "X" in block 18 if the child is between 18 and 22 years of age, is unmarried and is pursuing a full-time course of study in a recognized educational institution.

SECTION IV. CLAIM CERTIFICATION AND SIGNATURES

All statements made in this application must be true to the best of your knowledge. No evidence necessary to settlement of the claim or establishment of the annuity should be suppressed or withheld. Any false statement or misrepresentation may be punishable by a fine of not more than $10,000 or imprisonment of not more than 10 years or both. (32 Stat. 197; 18 U.S.C. 80).

19. Enter your signature in block 19. This must *ALWAYS* be completed.

20. Enter the date signed by the applicant in block 20.

21-26. Two witness signatures, current addresses and date must be entered in blocks 21 through 26 when either of the following situations exist:
a. When the application includes a claim for unpaid compensation, two witnesses who are well acquainted with the claimant must witness the signature, sign in blocks 21 and 24, record current address in blocks 23 and 26, and the date in blocks 22 and 25.
b. When the applicant signs with an "X" or when another person signs for the applicant due to a physical inability to write, the mark or signature must be witnessed by two parties in blocks 21-24. Include current address in blocks 23 and 26 and date signed in blocks 22 and 25.

SECTION V. STATEMENT OF UNDERSTANDING–DEPENDENCY AND INDEMNITY COMPENSATION (DIC) UNDER SURVIVOR BENEFIT PLAN (SBP)

Survivors of deceased members may be eligible for DIC, payable by the Veterans Administration (VA) if the member died from a disease or injury incurred or aggravated in the line of duty while on active duty, active duty for training or inactive duty for training. Under the SBP, persons receiving DIC may not receive the full amount of SBP. In order to eliminate problems resulting from an SBP overpayment due to concurrent DIC payments, a statement of understanding is provided for your signature.

If you are applying for an annuity under the SBP, this section must be completed. If this section is not completed and the statement is not signed, you will not receive any SBP annuity payments until the Veterans Administration makes a determination on your case and informs the Navy Finance Center of the amount of DIC awarded.

27. If you have applied to the VA for DIC benefits, place an "X" in the box in block 27 marked "YES" and go to question 27a. If you have not applied, place an "X" in the box marked "NO" and go to question 27b.
a. Enter the address of the VA office that is handling your claim and, if available, the VA Claim Number and money amount of DIC awarded you.
b. If you intend to apply to the VA for benefits place an "X" in the box marked "YES". If not, place an "X" in the box marked "NO".

28-29. Sign your name and enter the current date in blocks 28 and 29.