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Special Needs Trust Election Statement for the Survivor Benefit Plan

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 43; and E.O. 9397 (SSN).

PRINCIPLE PURPOSE(S): Used by uniformed service retirees to change their Survivor Benefit Plan election upon certain events occurring.

ROUTINE USE(S): None

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

I, (requestor's full name) _____, (relationship to child) _____, elect to have the SBP annuity for (child's full name) _____, who currently resides at (physical address) _____,

paid to a Special Needs Trust set up in his/her name.

SNT Name: _____

SNT Identification Number: _____

Dependent Child's SSN: _____

Military Member/Retiree SSN: _____

I understand the election to have the SBP annuity paid to the SNT is irrevocable. In the event the SNT is found to be invalid or otherwise fails, I understand that the SBP annuity will revert back to being made directly to the dependent child and may significantly impact Federal benefits such as Supplemental Security Income and Medicaid. I have sought the assistance of an attorney to establish the SNT and the Attorney Certification letter is signed and notarized.

Requestors Signature

Date

Email address

Phone number

“The information herein is FOR OFFICIAL USE ONLY (FOUO) information which must be protected under the Freedom of Information Act (5 U.S.C 552) and/or the Privacy Act of 1974 (5 U.S.C. 552a). Unauthorized disclosure or misuse of this PERSONAL INFORMATION may result in disciplinary action, criminal and/or civil penalties.”