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DD FORM 2894, APR 2017
DESIGNATION OF BENEFICIARY
INFORMATION (Read Privacy Act
Statement and Instructions on back
before completing this form.) (After
completing this form, make a copy for
your records.) 1.a. RETIRED
MEMBER'S NAME (Last, first, middle

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initial) b. SSN 2. DESIGNATED
BENEFICIARY INFORMATION a. (1)
SHARE %

~~DESIGNATION OF BENEFICIARY
INFORMATION~~

DD Form 2894, Designation of
Beneficiary Information is a form used

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to used to designate the beneficiaries of a service member eligible to receive any unpaid retired pay after the service member's death. A DD Form 2894 fillable version is available for filing and download below or can be found through the Executive Services Directorate website.

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Section 2 of DD 2894 (Designated Beneficiary Information) allows you to share your AOP with up to five beneficiaries. You may leave each beneficiary a portion or establish an

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order of precedence. To designate two or more beneficiaries, complete each subsection, then designate the percentage you want each beneficiary to receive (such as 60 percent) in the corresponding "Share" field.

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~~Service → Retired Military ...~~

DD FORM 2894, MAR 2005

DESIGNATION OF BENEFICIARY
INFORMATION (Read Privacy Act
Statement and Instructions on back
before completing this form.) (After
completing this form, make a copy for
your records.) 1.a. RETIRED

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MEMBER'S NAME (Last, first, middle initial) b. SSN 2. DESIGNATED BENEFICIARY INFORMATION a. (1) SHARE %

~~DESIGNATION OF BENEFICIARY INFORMATION~~

Form Dd 2894 Retired Military. Fill out,

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Payment of Federal Benefits by Check
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Stop, or Change an Allotment : VOP
Letter. Verification of Pay Letter :
Retiree Beneficiary Forms. DD 2894.
Designation of Beneficiary Information
: DD 2864. Voluntary Separation
Incentive Beneficiary Designation :

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Debts. DD 2789. Waiver ...

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Management Program, including responsibilities for reviewing and approving form requirements. DoD forms satisfy a valid need; essential to accomplish a mission and necessary for the efficient and economical operation of the DoD.

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~~DoD Forms Management~~

the container certification/vehicle declaration. DD Form 2781 is a detailed checklist which meets USCG/Customs requirements. DD Form 2781 must be signed and attached to DD Form 2890. Item 10. Voyage Document Number and

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Sailing Date (To be completed by the carrier). Enter the voyage document number and the date of sail. Item 11. Port/Place of ...

~~DD Form 2890, DoD Multimodal
Dangerous Goods Declaration ...~~

DD 818/818-1 Training Video; New

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Template Training Video; Plain Language Training Video; Issuance Process Summary Training Video ; DoD Forms. Forms Home; FAQ; FMO POC ; DD Forms; DD Form 1-499; DD Form 500-999; DD Form 1000-1499; DD Form 1500-1999; DD Form 2000-2499; DD Form 2500-2999; DD

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Secretary of Defense (SD) Forms

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Accounting Service~~

DD FORM 294, JAN 2009 Page 3 of 3
Pages INSTRUCTIONS FOR

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COMPLETING DD FORM 294 Please print or type all information. Items are self-explanatory unless otherwise noted below. Item 1.b. Use the name which you served under while in the Armed Forces. If your name has been changed, then also include your current name after adding the

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abbreviation ...

~~DD Form 294, Application for a
Review by the PDBR of the ...~~

When retiring from the military,
servicemembers must submit DD
Form 2656, "Data for Payment of
Retired Personnel," in order to receive

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retired pay. Enrollment in the Survivor Benefit Plan is done through DD Form 2656 as well. If you do not specify dependents or the amount of coverage, you will be automatically enrolled for all eligible ...

~~Survivor Benefit Plan (SBP) - VA.org~~

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The DD 2794 CSDR Plan will help ensure the reporting requirements and structures are properly defined for cost, software, and technical data reporting. The Cost Working Integrated Product Team (CWIPT) is responsible for creating the CSDR plan for all contracts that meeting the

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applicable reporting thresholds. The CWIPT, and associated planning ...

~~DD 2794 CSDR Plan - CADE~~

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service member's death. A DD Form 2894 fillable version is available for filing and download below or can be found through the Executive Services Directorate website. Page 6/30

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very seriously ill. seriously ill non
seriously ill. expected length of
hospitalization days. special category
(specify) si to vsi. vsi to si transferred.
recovered died. additional special
category 20. typed or printed name of
patient administrator or . administrative

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...

~~VERY SERIOUSLY ILL/SERIOUSLY
ILL/SPECIAL CATEGORY PATIENT~~

...

1. Complete a Designation of Beneficiary Information Form (DD Form 2894) available at

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- www.dfas.mil/dfas/retiredmilitary.
2. Sign and date the form. (Unsigned and undated forms will not be processed.)
3. Mail the form to DFAS U.S. Military Retired Pay P.O. Box 7130 London, KY 40742-7130, or fax it to 800-469-6559.

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