

NAME OF MILITARY MEMBER

Address Line 1

Address Line 2

DATE

Retired Pay
Defense Finance and Accounting Service
U.S. Military Retired Pay
8899 E 56th Street
Indianapolis IN 46249-1200

Re: Survivor Benefit Plan (SBP), Reassignment of Beneficiary

In accordance with 10 U.S.C. §1450 as amended, subparagraph (a)(4), and the policy issued by the Office of the Assistant Secretary of Defense for Manpower and Reserve Affairs, I hereby designate the Personal Support Trust for the benefit of **NAME OF DEPENDENT CHILD** at the Foundation of The Arc of Northern Virginia (Tax ID: **CHILD SOCIAL SECURITY NUMBER**) as the beneficiary of the SBP elected for **NAME OF DEPENDENT CHILD**.

This trust is a special needs trust established under Section 1917 (d) (4) (a) of the Social Security Act and is for the sole benefit of my dependent adult child, **NAME OF DEPENDENT CHILD**. My child is disabled and incapable of self-support because of physical and mental incapacity.

I am enclosing the required certification from the trust's attorney, Kelly A. Thompson.

Sincerely,

NAME OF MILITARY MEMBER

SSN OF MILITARY MEMBER

DOB OF MILITARY MEMBER