

**Instructions for FASTFORM DD2894**  
**Designation of Beneficiary Information**

**When to use this form:**

Military retirees should use this form to designate a beneficiary to receive any retired pay (or Combat Related Special Compensation if applicable) still owed to you upon your death.

This form should be completed and submitted electronically. In addition, a signed paper copy must be sent to:

Defense Finance and Accounting Service  
U.S. Military Retirement Pay  
P.O. Box 7130  
London, KY 40742-7130

To designate a beneficiary or beneficiaries, you must list the names of the beneficiaries in the top part of the form. To designate more than 5 beneficiaries, you must submit your beneficiary designation in a signed letter to the return address listed above. To be valid, a beneficiary designation must be received by DFAS before the date of your death.

If you are not designating beneficiaries, complete the bottom of the form (Item 3) with the Name, Social Security Number (if available), Relationship and Address of your family members who may be contacted upon your death regarding the unpaid retired pay. The names provided should include spouse, children, parents and siblings.

If you do not designate beneficiaries to receive your unpaid retired pay upon your death, or the designated beneficiary dies before you, the amount due will be paid to the person or person(s) highest on the following list living at the time of your death: (1) your spouse; (2) your children and their descendants, by representation; (3) your parents, in equal parts, or if either is dead, the survivor; (4) the legal representative of your estate; and (5) persons entitled under the law of your domicile.

**Navigation & Function Keys**

Use your computer mouse or the following keys when completing the form:

TAB - moves to the next field

Shift + TAB - moves to the previous field.

“Finished” button - sends the form to DFAS for processing.

**User Validation**

In order to update your account, we need you to answer some questions to verify your identity. Please read and follow the below instructions carefully:

Field	Instruction	Tip
1. Last Name	Required- Retiree’s Last Name	
2. First Name	Required-Retiree’s First Name	
3. Middle Initial	Required- Retiree’s Middle Initial	

	or NMI if none	
E-Mail Address	Required-Retiree's e-mail address	<p>If you do not have an e-mail address, check the box marked "I do not have an E-Mail address."</p> <p>If you do not provide an e-mail address, we will not send you confirmation when we receive your request</p>
Phone Number	Optional- Retiree's phone number	Phone number if entered must be 10 digits. We will use this number if there is a problem with your documentation
SSN	Required – Retiree's Social Security Number	SSN must be numbers only
Verification Questions	Required – Please answer all five verification questions	<p>Dates must be entered in MM/DD/YYYY format.</p> <p>Zip code must be the five numeric digits of the correspondence address we have on record for you</p>

To clear the Validation form and start over, click the "Reset Page" button. After completing the validation section, click the "Begin Form" button and you will be taken to the DD 2866 form.

### Instructions for Completing DD 2894

We will use the information you provide on this form to change your beneficiary or beneficiaries, as appropriate. Please review all information and make sure that you have entered it correctly before submitting the form.

#### Item 1 – Pre-filled Information

Field name	Information	Tip
a. Member's Name	Prefilled from Validation form	Review Name for accuracy
b. SSN	Prefilled from Validation form	Review Social Security Number for accuracy

#### Item 2 – Designated Beneficiary Information

Field	Information	Tip
a(1) SHARE	Required if any other information is	Enter the percentage share that

	entered	should be allotted to the beneficiary listed
(2) FULL NAME	Required	Last Name, First Name and Middle Initial
(3) SSN		Enter beneficiary Social Security Number
(4) RELATIONSHIP	Required	Other, Brother, Daughter, Husband, Sister, Son, Wife
(5) ADDRESS		Enter beneficiary Street Address, City, State, Zip Code
b(1) SHARE	Required if any other information is entered	Enter the percentage share that should be allotted to the beneficiary listed
(2) FULL NAME	Last Name, First Name and Middle Initial	Required
(3) SSN		Enter beneficiary Social Security Number
(4) RELATIONSHIP	Required	Other, Brother, Daughter, Husband, Sister, Son, Wife
(5) ADDRESS		Enter beneficiary Street Address, City, State, Zip Code
c(1) SHARE	Required if any other information is entered	Enter the percentage share that should be allotted to the beneficiary listed
(2) FULL NAME	Last Name, First Name and Middle Initial	Required
(3) SSN		Enter beneficiary Social Security Number
(4) RELATIONSHIP	Required	Other, Brother, Daughter, Husband, Sister, Son, Wife
(5) ADDRESS		Enter beneficiary Street Address, City, State, Zip Code
d(1) SHARE	Required if any other information is entered	Enter the percentage share that should be allotted to the beneficiary listed
(2) FULL NAME	Last Name, First Name and Middle Initial	Required
(3) SSN		Enter beneficiary Social Security Number
(4) RELATIONSHIP	Required	Other, Brother, Daughter, Husband, Sister, Son, Wife
(5) ADDRESS		Enter beneficiary Street Address, City, State, Zip Code
e(1) SHARE	Required if any other information is entered	Enter the percentage share that should be allotted to the beneficiary listed
(2) FULL NAME	Last Name, First Name and Middle Initial	Required

(3) SSN		Enter beneficiary Social Security Number
(4) RELATIONSHIP	Required	Other, Brother, Daughter, Husband, Sister, Son, Wife
(5) ADDRESS		Enter beneficiary Street Address, City, State, Zip Code

To designate a beneficiary or beneficiaries, you **must** list the names of the beneficiaries in the top part of the form (Item 2), their SHARE (Item 1), their SSN (if available) (Item 3), their relationship (Item 4), and their address (Item 5).

You **must** provide a SHARE percentage to be paid to each person; it cannot be left blank. Complete all other requested information. Forms or letters that contain incorrect SHARE percentages will be returned for correction.

If you list more than one person with a 100% SHARE, we will pay in the order of the beneficiaries as you list them on the form.

You should update your beneficiary information whenever there is a change in your marital status or whenever you choose different beneficiaries.

When you complete the form, you must enter your Social Security Number and sign the form.

**Item 3 – If you do not want to designate beneficiaries, please provide the information requested below for family members who may be contacted in the event of your death.**

Field	Information	Tip
a. (1) FULL NAME	Required	Last Name, First Name and Middle Initial of family member
(2) SSN		Enter family member's Social Security Number
(3) RELATIONSHIP	Required	Other, Brother, Daughter, Husband, Sister, Son, Wife
(4) ADDRESS		Enter family member's Street Address, City, State, Zip Code
b. (1) FULL NAME	Required	Last Name, First Name and Middle Initial of family member
(2) SSN		Enter family member's Social Security Number
(3) RELATIONSHIP	Required	Other, Brother, Daughter, Husband, Sister, Son, Wife
(4) ADDRESS		Enter family member's Street Address, City, State, Zip Code
c. (1) FULL NAME	Required	Last Name, First Name and Middle Initial of family member
(2) SSN		Enter family member's Social Security Number
(3) RELATIONSHIP	Required	Other, Brother, Daughter, Husband,

		Sister, Son, Wife
(4) ADDRESS		Enter family member's Street Address, City, State, Zip Code
d. (1) FULL NAME	Required	Last Name, First Name and Middle Initial of family member
(2) SSN		Enter family member's Social Security Number
(3) RELATIONSHIP	Required	Other, Brother, Daughter, Husband, Sister, Son, Wife
(4) ADDRESS		Enter family member's Street Address, City, State, Zip Code
e. (1) FULL NAME	Required	Last Name, First Name and Middle Initial of family member
(2) SSN		Enter family member's Social Security Number
(3) RELATIONSHIP	Required	Other, Brother, Daughter, Husband, Sister, Son, Wife
(4) ADDRESS		Enter family member's Street Address, City, State, Zip Code

Note: Up to Five (5) family members can be listed

### Submitting Your DD 2894

After completing the fields, click the "Finished" button at the bottom of the page. If after clicking the "Finished" button, you get a message that says "submit failed" there is information missing on the form. Review the form for items in RED boxes and make corrections.

You will be given the option to print or save a copy of the form for your records. Be sure to **print and sign a copy** of the form, then click "Submit for Processing" to send to DFAS for processing.

**\*\*A signed paper copy (Your Signature) of this DD2894 Designation of Beneficiary Information form *must* be sent to the address below before the requested changes can be applied to your account.\*\***

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P.O. Box 7130  
London, KY 40742-7130