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BENEFICIARY INFORMATION (Read Privacy Act Statement  
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completing this form, make a copy for your records.) 1.a.  
RETIRED MEMBER'S NAME (Last, first, middle initial) b.

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

### ~~DESIGNATION OF BENEFICIARY INFORMATION~~

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

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You may leave each beneficiary a portion or establish an 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.

~~Defense Finance and Accounting Service~~ → Retired Military ...  
DD FORM 2894, MAR 2005 DESIGNATION OF  
BENEFICIARY INFORMATION (Read Privacy Act Statement  
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RETIRED MEMBER'S NAME (Last, first, middle initial) b.  
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and place your electronic signature. Simply click Done following double-checking all the data.

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### ~~DoD Forms Management~~

the container certification/vehicle declaration. DD Form 2781



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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 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 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

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### ~~Forms—Defense Finance and Accounting Service~~

DD FORM 294, JAN 2009 Page 3 of 3 Pages

INSTRUCTIONS FOR 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

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served under while in the Armed Forces. If your name has been changed, then also include your current name after adding the 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 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~~

The DD 2794 CSDR Plan will help ensure the reporting

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

### ~~DD 2794 CSDR Plan CADE~~

Download File PDF Dd Form 2894 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. Page 6/30

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da form 2984, apr 2009. previous edition is obsolete. apd lc v1.00es. 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 ...

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

1. Complete a Designation of Beneficiary Information Form (DD Form 2894) available at [www.dfas.mil/dfas/retiredmilitary](http://www.dfas.mil/dfas/retiredmilitary). 2. Sign and date the form. (Unsigned and undated forms will not be processed.) 3. Mail

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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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