



## DEFENSE FINANCE AND ACCOUNTING SERVICE

Retired and Annuitant Pay  
8899 E. 56<sup>th</sup> Street  
Indianapolis, IN 46249-1300  
[www.dfas.mil/retiredmilitary](http://www.dfas.mil/retiredmilitary)

### SBP Marital Status Update (SBP-MSU)

Please provide the following REQUIRED information:

(Deceased) Member Name: \_\_\_\_\_

Member SSN: \_\_\_\_\_

Annuitant Name: \_\_\_\_\_

Annuitant SSN: \_\_\_\_\_

Dear Annuitant:

Our records show you are a current Survivor Benefit Plan (SBP) annuitant because of your relationship to the deceased military member you identified above ("member"). Your continued eligibility may be affected if you marry or remarry after the death of the member. We therefore require you to update your marital status annually by the first day of your birthday month.

There are multiple options for updating us. You can COMPLETE, SIGN and RETURN this SBP Marital Status Update (SBP-MSU) either by mail to DFAS Retired and Annuitant Pay, 8899 E 56th Street, Indianapolis, IN 46249-1300, or via fax at 1-800-982-8459 (toll free). Another option is to upload the completed and signed document online using our askDFAS online upload tool: <https://www.dfas.mil/askdfas>. If you have questions, call us toll-free at 1-800-321-1080.

#### Update Information

The following items must be completed and this document must be signed and dated by the annuitant or by the annuitant's legal representative if the annuitant is a minor child or is incapacitated. The completed document must be received by DFAS by the first day of the month of the annuitant's birthday. Failure to timely provide DFAS with all update information may result in suspension of annuity payments until all information is received.

1. Person completing this form is - **Check one**
  - Annuitant
  - Parent or Legal Representative of Annuitant, Name: \_\_\_\_\_
2. Annuitant's relationship to member - **Check one**
  - Surviving Spouse
  - Surviving Former Spouse
  - Surviving Child (regardless of age)
3. Annuitant's date of birth (MM/DD/YYYY): \_\_\_\_\_

\*Continued on next page\*

Member Name (Required): \_\_\_\_\_  
Member SSN (Required): \_\_\_\_\_

4. Please provide annuitant's marital history since the death of the member- **Check all applicable box(es)**

- A.  The annuitant has not married following the death of the member and is currently not married. (Go to Item 5)
- The annuitant has married since the death of the member and currently is
  - Married (Complete Item 4.B. below)
  - Not married (Complete Item 4.B. below)

B. Please provide the information indicated below for each of the marriages the annuitant entered into after the death of the member. When you submit this completed document, include a photocopy of all marriage certificates, divorce orders, annulment orders, and/or death certificates related to marriages entered into by the annuitant after the death of the member that have **not** been previously provided to DFAS.

Date of Marriage	Marriage End Date (if applicable)	Reason Marriage Ended (if applicable)*
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_____	_____	_____
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Date of Marriage	Marriage End Date (if applicable)	Reason Marriage Ended (if applicable)*
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_____	_____	_____
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\*Examples: Death of spouse, Divorce, or Annulment

5. Has the mailing address of the annuitant (or legal representative of the annuitant) changed since the last SBP Marital Status Update submitted to DFAS?

- Yes  No

If "yes," please provide the current mailing address below:

Name: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Country Code: \_\_\_\_\_ Country (if not USA): \_\_\_\_\_

Member Name (Required): \_\_\_\_\_  
 Member SSN (Required): \_\_\_\_\_

6. Certification

If you are the ANNUITANT and are of legal age, **complete ONLY Box A below**. Do NOT complete Box B.

If you are the Parent/Guardian (or Legal Representative) of a Minor CHILD or Legal Representative of an INCAPACITATED annuitant (regardless of age) **complete ONLY Box B below**.

<b>BOX A - ANNUITANTS</b>	
Certification. I certify that I am the annuitant and the information above is correct. I am providing a copy of all marriage certificates, divorce orders, annulment orders, or death certificates related to marriages entered into by me after the death of the member and not previously provided to DFAS. I will promptly notify DFAS at the above address if any changes occur in my marital status.	
Signature of annuitant:	Date (MM/DD/YYYY)

<b>BOX B – LEGAL REPRESENTATIVES ONLY</b>	
<p>1. Check the box that applies:</p> <p><input type="checkbox"/> I am the parent/guardian (or legal representative) of the minor child annuitant identified above.</p> <p><input type="checkbox"/> I am the legal representative of the <u>incapacitated</u> annuitant identified above.</p>	
<p>2. Parent/guardian or legal representative name: _____ EIN, if applicable: _____</p>	
<p>3. Certification. I certify that I am the parent/guardian or legal representative of the above child or incapacitated annuitant and the information above is correct. I am providing a copy of all marriage certificates, divorce orders, annulment orders, or death certificates related to marriages entered into by the annuitant after the death of the member and not previously provided to DFAS. I will promptly notify DFAS at the above address if any changes occur in the annuitant's marital status or if I have knowledge that the annuitant is deceased.</p>	
<p><b>If this is the first time the legal representative has completed a certification of annuitant's marital status, a photocopy of the legal document or order granting the authority to act on the annuitant's behalf must be attached.</b></p>	
Signature of parent/guardian or legal representative of annuitant:	Date (MM/DD/YYYY)

NOTE: By providing your signature, you are certifying that all information provided is true and correct to the best of your knowledge and belief. You further agree to return all overpayments of benefits to which you are not entitled under the law. Any intentionally false statement, willful concealment of material fact, or use of a writing or document knowing the same to contain a false, fictitious, or fraudulent statement or entry, is a violation of the law and may be punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001).

## Instructions for Completing the Annuitant SBP Marital Status Update (SBP-MSU)

1. Fill in the deceased Member's Name on each page.
2. Fill in the deceased Member's Social Security Number on each page.
3. Fill in the Annuitant's Name.
4. Fill in the Annuitant's Social Security Number.
5. Place an "X" in the applicable box for the person completing the form.
6. Place an "X" in the applicable box for the Annuitant Relationship to member noted above.
7. Fill in the Annuitant's date of birth (MM/DD/YYYY)
8. Place an "X" in the applicable box for the Annuitant's marital status and provide the corresponding information.
9. Place an "X" in the applicable box if the Annuitant's address has changed.
10. Provide new mailing address if the annuitant's or legal representative of the annuitant address has changed.
11. If you are the annuitant completing this Marital Status Update, please sign and date in box A. Stop here, the certificate is complete. Leave box B blank.
12. If you are the Parent/Guardian or Legal Representative of a minor child or Legal Representative of an incapacitated annuitant complete box B. Leave box B blank.
13. B-1. Place an 'X' in the applicable box.
14. B-2. Provide the name of the parent/guardian or legal representative and EIN, if applicable.
15. B-3. Sign and date and include a photocopy of the legal document or order granting the authority to act on the annuitant's behalf, if not provided previously.