Acceptance of NMCRS's Gift of Membership in AFSC & Information Release Form

Navy-Marine Corps Relief Society (NMCRS), a non-Federal entity, has sponsored a gift of lifetime membership in the Armed Forces Services Corporation (AFSC) for you (the surviving spouse and/or children) at no cost to the family. In accepting NMCRS's unique gift of membership in AFSC, please complete the following information and fax the form to AFSC at (703)-379-4848 or by mail to: AFSC, 2800 Shirlington Rd, Suite 350, Arlington, VA 22206-3601. This information will be used to calculate and project the government survivor benefits for the surviving family members. A benefits printout will be returned to you reflecting the family's projected integrated stream of lifetime survivor benefits (i.e. Survivor Benefit Plan; Social Security; Veterans Affairs Dependency and Indemnity Compensation; and Veterans Affairs Dependent Education Benefits). ***This information will be kept strictly confidential and will only be for the use of the family and AFSC. It will not be provided to any other organizations or used for any other purpose.***

DECEASED SERVICE MEMBER'S INFORMATION ☐ Navy ☐ Marine Corps.

Name: _____ SSN: _____

Date of birth: _____ Date of death: _____ Status: ☐ Active duty ☐ Reservist/National Guard on active duty

Present rank/grade: _____ Date of promotion: _____ Previous rank/grade: _____ Date of previous promotion: _____

DIEMS date: _____ PEBD: _____ ADBD: _____

Combat Related/Combat Area: ☐ yes ☐ no Received Career Status Bonus (CSB): ☐ yes ☐ no

Is the surviving spouse working and earning more than $12,960 per year in gross income (Do not include survivor benefits)?: ☐ yes ☐ no
(Surviving spouse's work and income status impact social security benefits. This information is needed to accurately compute entitlements)

FAMILY DATA

Address (*Street, City, State, and Zip Code):* _____

Phone #: _____ Email address: _____

Date of marriage: _____ Spouse SSN: _____

	Name	Date of birth	Living with another parent (was not in custody of deceased)	Name of custodian
Spouse:	_____	_____	N/A	N/A
Child:	_____	_____	☐ yes	_____
Child:	_____	_____	☐ yes	_____
Child:	_____	_____	☐ yes	_____
Child:	_____	_____	☐ yes	_____

I hereby authorize release of our family information to the Armed Forces Services Corporation and Navy-Marine Corps Relief Society. Additionally, I accept NMCRS's gift of membership in the Armed Forces Services Corporation.

_____ _____
Signature of surviving spouse **Date**

Contact AFSC at 1-888-237-2872 (email info@afsc-usa.com) if you have questions concerning the requested information or gift of membership.

CACO (name & location): _____ Phone # _____ Fax#: _____
Email: _____ Updated Jan 2006