Participation in the Survivor Benefit Plan

I, _____, retired from the United States Marine Corps on
(Retired Service Member's Name)
_____. Prior to my retirement date, I elected to participate in the
(Date of Retirement)
Survivor Benefit Plan with _____ with the base amount of coverage
(Type of Coverage)
of _____. I was automatically enrolled in SBP due to
(Dollar Amount)
_____. I wish to participate in the
(Reason for Enrollment)
Survivor Benefit Plan with the above listed coverage. (_____) initials

I understand that if I am married and I decline SBP coverage or elect anything other than "spouse" or "spouse and child" coverage at a rate other than full retired pay, I must have spouse concurrence. (_____) initials

Name: _____
Rank: _____
SSN: _____
Address: _____
Phone number: _____

_____ _____
(Retired Service Member's Signature) (Date)

Sworn to (or affirmed) and subscribed before me this _____ day of _____ ,
by _____.

_____
(Signature of Notary Public)

_____
(Print, Type or Stamp Commissioned Name of Notary Public)

Personally known _____ OR produced identification _____.

Type of identification produced _____.