



# ALLOTMENT ACTION REQUEST

1. SSN	2. NAME (Last, first, middle initial)	3. PAY GRADE	4. DUTY STATION (Include UIC)	5. DUTY PHONE NO.
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**SECTION I: START THE FOLLOWING ALLOTMENT (S) :**

<b>ALLOTMENT NUMBER 1</b>	6. Mo. 1st Deduction (See remarks)	7. Amount	8. Purpose Code (See remarks)	9. To be paid to
	10. Street Address			11. City
	12. State	13. Zip Code	14. Account Name & No. (if to bank, credit union or insurance co.)	
<b>ALLOTMENT NUMBER 2</b>	15. Mo. 1st Deduction (See remarks)	16. Amount	17. Purpose Code (See remarks)	18. To be paid to
	19. Street Address			20. City
	21. State	22. Zip Code	23. Account Name & No. (if to bank, credit union or insurance co.)	

**SECTION II: STOP THE FOLLOWING ALLOTMENT(S):**

<b>ALLOTMENT NUMBER 1</b>	24. Mo. Last Deduction (See remarks)	25. Amount	26. Type of Allotment (See remarks)	27. Now Paid To
<b>ALLOTMENT NUMBER 2</b>	28. Mo. Last Deduction (See remarks)	29. Amount	30. Type of Allotment (See remarks)	31. Now Paid To
<b>ALLOTMENT NUMBER 3</b>	32. Mo. Last Deduction (See remarks)	33. Amount	34. Type of Allotment (See remarks)	35. Now Paid To

36. Signature	37. Date
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**REMARKS:**

**TYPES OF ALLOTMENTS:**

B - Purchase of savings bond	D - Support of dependents	I - Commercial insurance	M - Navy Mutual Aid Insurance
C - Charity drive donation	H - Repayment of home loan	L - Loan repayment (Relief Society & Red Cross only)	N - NSLI premium
S - General Savings (bank/ credit union)			

**Month of the First Deduction :** This is the first month the deduction is made from your pay. The allotment will be received by the payee by the first of the following month.

**Month of the Last Deduction :** This is the last month deduction is made from your pay. The payee will receive this allotment by the first of the next month.

*The request to start, stop, or change an allotment must be received not later than close of business 2 working days before the cut-off date for your pay office (e.g. 28th for UMIDS and SDS activities, 21st for mail INCONUS and 11th for mail OUTCONUS) .*

# ALLOTMENT ACTION REQUEST- (BONDS ONLY)

1. SSN	2. NAME (Last, first, middle initial)	3. PAY GRADE	4. DUTY STATION (Include UIC)	5. DUTY PHONE NO.
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**SECTION III: START THE FOLLOWING BOND ALLOTMENT(S)** (Note: Bond owner must have a social security number. If a child is designated as bond owner, then that child must obtain a SSN.)  
(See Remarks)

6. MO. 1st DEDUCTION	7a. AMOUNT	7b. PLAN	8. BOND OWNER'S NAME (First, Middle Initial, Last)	9. SSN
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10. <input type="checkbox"/> CO-OWNER <input type="checkbox"/> BENEFICIARY	11. <input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MISS NAME (First, Middle Initial, Last)	12. SSN (See note above)
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13. <input type="checkbox"/> MAIL BOND TO	14. NAME	15. STREET ADDRESS	
	16. CITY	17. STATE	18. ZIP CODE

HOLD BOND IN SAFEKEEPING AT NAVY FINANCE CENTER, CLEVELAND, OHIO, A LIST OF BONDS HELD WILL BE FURNISHED ANNUALLY.

PURCHASE PRICE - \$50.00  
FACE VALUE - \$100.00

MONTHLY AMOUNT MO PLAN

\$ 5.00	10	(104)
\$ 6.25	8	(084)
\$ 10.00	5	(054)
\$ 12.50	4	(044)
\$ 25.00	2	(024)
\$ 50.00	1	(014)

PURCHASE PRICE - \$100.00  
FACE VALUE - \$200.0

MONTHLY AMOUNT MO PLAN

\$ 10.00	10	(105)
\$ 12.50	8	(085)
\$ 20.00	5	(055)
\$ 25.00	4	(045)
\$ 50.00	2	(025)
\$ 100.00	1	(015)

PURCHASE PRICE - \$250.00  
FACE VALUE - \$500.00

MONTHLY AMOUNT MO PLAN

\$ 25.00	10	(106)
\$ 31.25	8	(086)
\$ 50.00	5	(056)
\$ 62.50	4	(046)
\$ 125.00	2	(026)
\$ 250.00	1	(016)

PURCHASE PRICE - \$500.00  
FACE VALUE - \$1000.00

MONTHLY AMOUNT MO PLAN

\$ 50.00	10	(107)
\$ 62.50	8	(087)
\$ 100.00	5	(057)
\$ 125.00	4	(047)
\$ 250.00	2	(027)
\$ 500.00	1	(017)

**SECTION IV: STOP THE FOLLOWING BOND ALLOTMENT(S):** (See Remarks)

ALLOTMENT NUMBER 1	20. MO. LAST DEDUCTION	21a. AMOUNT	21b. PLAN	22. TYPE OF ALLOTMENT	23. OWNER, CO-OWNER, OR BENEFICIARY
ALLOTMENT NUMBER 2	24. MO. LAST DEDUCTION	25a. AMOUNT	25b. PLAN	26. TYPE OF ALLOTMENT	27. OWNER, CO-OWNER, OR BENEFICIARY

**PRIVACY ACT STATEMENT:** This statement is provided in compliance with the provisions of the privacy act of 1974 (P.L.93-579) which requires that Federal agencies must inform individuals who are requested to furnish information about themselves as to the following facts concerning the information requested. (1) Authority: Title 10 USC & 37 USC. (2) Principal purpose(s): To establish a dollar amount to be allotted regularly from a member's pay to a designated recipient. (3) Routine Use(s): To provide the Navy Finance Center names, addresses, account numbers, policy numbers, and dollar amounts required to mail allotments and bonds specified by a member to a designated individual, dependent, financial organization, insurance company, or Government agency. (4) Mandatory or voluntary disclosure: Voluntary; Allotments cannot be registered and sent without requested information.

28. SIGNATURE	29. DATE
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