

**ALLOTMENT/BOND AUTHORIZATION WORKSHEET
(7220)**

NAVMC 11160 (2-98) (EF)
SN: 0109-LF-065-6500

PRIVACY ACT STATEMENT
THE PRIVACY ACT STATEMENT FIR INFORMATION ON THIS FORM IS
CONTAINED ON NAVMC FORM 11000. PRIVACY ACT STATEMENT FOR
MARINE CORPS PERSONNEL AND PAY RECORDS.

1. SSN	2. NAME (Last, First, MI)
3. GRADE	4. UNIT/ORGANIZATION
5. RUC	6. NATURE OF ACTION START <input type="checkbox"/> STOP <input type="checkbox"/> CHANGE AMOUNT <input type="checkbox"/> CHANGE AMOUNT AND ADDRESS <input type="checkbox"/>

7. BOND INFORMATION				
TRI	MO	REG	OWNERSHIP S/M OTHER	BOND OWNER'S NAME (First, MI, Last)
				OWNER'S SSN (If Other than S/M)
MAIL	SAFEKEEPING	CO-OWNER	BENEFICIARY	CO-OWNER'S OR BENEFICIARY'S NAME (First, MI, Last)
				CO-OWNER'S/BENEFICIARY'S SSN

8. TYPE OF ALLOTMENT	
9. TERM IN MONTHS	
10. INDIV/BLKT/CFC/NRS	
11. BLANKET/CHARITY AGENCY CODE	
12. FIRST DED DATE	
13. LAST DED DATE	
14. AMOUNT OF DED	
15. NEW AMOUNT OF DED	
16. STOP OR NSLI REASON	
17. REASON DATE	
18. ACCT/POLICY NUMBER	
19. ACCT OWNER	
20. ALLOTTEE OR BOND	
21. ALLOTTEE OR BOND RECIPENT ADDRESS	
22. CITY	
23. STATE	
24. ZIP CODE	
	25. DATE OF REQUEST

THIS IS A WORKSHEET