



# Coast Guard Mutual Assistance

## Retired – Contribution Allotment Authorization

**"They Also Served"**

Name: Last	First	M.I.	Rate/Rank	Social Security Number	Employee ID #
				XXX-XX-	
Home Address: Street	Apt. No.	City	State	Zip Code	E-Mail Address
				-	

**YES! I want to help Coast Guard people in their time of need!**

Please **Start** a monthly allotment from my Coast Guard Retired Pay to **Coast Guard Mutual Assistance** in the amount of: \$ \_\_\_\_\_ effective (MM/YY) \_\_\_\_ / \_\_\_\_

Please **Change** my existing allotment to **Coast Guard Mutual Assistance** from \$ \_\_\_\_\_ to \$ \_\_\_\_\_ effective (MM/YY) \_\_\_\_ / \_\_\_\_

I hereby authorize this allotment to be taken from my Coast Guard Retired Pay. I understand that it will remain in effect until I request that it be changed or stopped.

Signature (Required): \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please sign and submit the completed form to CGMA Headquarters via one of the following:

- ▶ Scan the form and Email to CGMA-HQ at [ARL-DG-CGMA@uscg.mil](mailto:ARL-DG-CGMA@uscg.mil) (Preferred)
- ▶ Fax the form to: (703) 875-0344
- ▶ Mail the form to:

**Coast Guard Mutual Assistance**  
1005 N. Glebe Rd., Suite 220  
Arlington, VA 22201

This form may also be sent directly to the Retired Pay Office: Commanding Officer (RAS), US Coast Guard Personnel Service Center, 444 SE Quincy St., Topeka KS 66683-3591

**Thank you** for your tax-deductible contribution to Coast Guard Mutual Assistance!