

Date

MEMORANDUM FOR DEFENSE FINANCE AND ACCOUNTING SYSTEM, ATTN:
(POC and ADDRESS)

SUBJECT: Death Gratuity Payment Authorized

1. A Death Gratuity Payment is authorized by P.L. _____ in
the amount of \$_____ for the beneficiary of (Name of Deceased), SSN: _____,
who died as a result of injuries sustained in the performance of duty on _____.

This payment is to be made from the appropriation that funds the organization or
position to which the employee is permanently assigned.

2. Command Funding POC is: *name, address, phone number*.
Line of accounting is:

3. This death gratuity payment is to be made to the beneficiary named below who is
entitled to elect monthly compensation under 5 U.S.C. 8133:

Name of beneficiary

SSN of Beneficiary (for tax purposes)

The check should be mailed to:

Address

Phone number

4. A copy of the death certificate and written request for the payment of the death
gratuity are attached.

5. POC for this action is (name and contact information of the HR representative), the
alternate POC (name and contact information for HR alternate POC). POC for this
action at DFAS is _____.

Signature as determined by Component