



**ELECTION OF COMPENSATION IN LIEU OF RETIRED PAY OR WAIVER OF RETIRED PAY
TO SECURE COMPENSATION FROM DEPARTMENT OF VETERANS AFFAIRS
(38 U.S.C. 5304(a)-5305)**

SECTION I - To Be Completed by VA.

1. ADDRESS OF VA OFFICE ● ●	2. NAME OF VETERAN
	3. VA FILE NUMBER
	4. SERVICE NUMBER
	5. SOCIAL SECURITY NUMBER

SECTION II - To Be Completed by Veteran.

INSTRUCTIONS: Please sign and date this form and return to the VA office shown in Item 1. If you have any questions about completing this form, call VA toll-free at 1-800-827-1000 (Hearing Impaired TDD federal relay number is 711).

I hereby elect to receive compensation from the Department of Veterans Affairs in lieu of the total amount of retired pay, or waive that portion of my retired pay which is equal in amount to the compensation which may be awarded by the Department of Veterans Affairs.

6. SIGNATURE OF VETERAN	7. DATE
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