Soldier Reversion Submission

Purpose: This form is a request for reversion to retired status after the competition of a term of active duty. Failure to submit the required documents may result in an interruption of retired pay and/or any disability payments to which you are otherwise entitled.

Instructions: Provide all documents (checklist below) with this packet to allow for prompt processing. You may attach those forms using the buttons at blocks 6.a.– e. Submit this form, along with required supporting documents, by utilizing one of the following options:

Upload documents via AskDFAS, by using the link below:
https://corpweb1.dfas.mil/askDFAS/custCategories.action?pgModId=12
Under Categories, select "For Branch of Service Use Only," and under Subcategories, select "Recall-Reversion Orders"

Complete fields in the AskDFAS ticket; upload this form, along with all supporting documents. Once complete select "Submit a Ticket."

Alternate methods of submission:
1) FAX your forms to: 1-800-469-6559

2) Mail USPS to: Defense Finance and Accounting Service
US Military Retired Pay
8899 E 56th Street
Indianapolis, IN 46249-1200

Note: Submit approximately 30 days prior to retirement date or reversion date.

Administrative Data

1. Name of Retired Soldier *(Last, First, Middle Initial)*			2. Rank/Grade
3. Service	4. Daytime Phone Number	5. Email address	
Army			

6. Required Documents

☐ a. Retirement Orders or Retired Integrated Support System (RISS) Order	**Retirement Orders**
☐ b. Retiree Recall Orders (USC 688 or 12301(d))	**Recall Order**
☐ c. Reversion Orders (Transitional REFRAD Order, IAW AR 600-8-10)	**Reversion**
☐ d. DD Form 2656 Data for Payment of Retired Personnel	**DD Form 2656**
☐ e. DD Form 214 Certificate of Release or Discharge from Active Duty	**DD Form 214**

7. Statement of Understanding

☐ a. I understand that I MUST contact the Veterans Administration (VA) to inform them of any change in status that affects my VA Disability Compensation. Failure to do so will result in delayed restart of disability payments. I will call the VA's toll-free number 1-800-827-1000 within the next 24 hours.

b. Signature	c. Date *(MMDDYYYY)*