

**HEADQUARTERS
UNITED STATES ARMY, PACIFIC
APO SAN FRANCISCO 96558**



**RETIREMENT FILES
FOR
COL CHARLES C. UNDERWOOD**



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(TAGO)

original is in
Safety Dep Box by Will



CHECKLIST OF ACTIONS REQUIRED BEFORE, CONCURRENT
WITH AND AFTER RETIREMENT

ACTION BEFORE RETIREMENT	RESPONSIBLE INDIVIDUAL OR AGENCY	TIME FRAME	APPLICABLE DIR
1. Application for Ret	Prospective Retiree	not earlier than 6 mo nor later than 3 mo prior to ret	AR 635-100 Off AR 635-200 EM
2. Physical Examination	Local Hospital or dispensary	not earlier than 6 mo prior to ret	AR 635-100 Off AR 635-200 EM
3. Register with Project REFERRAL	Prospective Retiree	not earlier than 6 mo prior to ret	AR 608-25
4. Issuance of Retirement Order	DA or Local Command		AR 635-100 Off AR 635-200 EM
5. Movement of Household goods and Hold baggage	Transportation Office, Kapalama		AR 55-71
6. Issuance of Reassignment/ movement order	Personnel Office		AR 635-100 Off AR 635-200 EM
7. Shipment of POV	Transportation Office, Kapalama		AR 55-71
8. Clearance of Quarters	Family Housing Office		
9. Change of Address Cards to Correspondence	Prospective Retiree		AR 65-75
10. Issuance of new Iden- tification cards (DD Forms 2A & 1173)	USA Transfer Act at place of ret		AR 606-5
11. Post Clearance	Personnel Office & Individual		
12. Final active duty pay and allow includes payment for leave	USA Transfer Activity at place of retirement		AR 37-104-1

13. Retirement Processing: USA Transfer Activity at Place of Retirement time of retirement

- a. Travel pay and per diem
- b. Data for retired pay (DD Form 418)
- c. Retired Servicemen's Family Protection Plan (RSFPP)
- d. Continuation or change of allotments
- e. Power of attorney to banking facility for retirement checks
- f. Federal Income Tax Exemptions
- g. DA Form 664, Servicemen's statement concerning application for compensation from VA
- h. DA Form 41, Record of Emergency Data
- i. DD Form 1407, Dependent Medicare Statement
- j. DD Form 214, Report of Transfer or Discharge
- k. Disposition of records (Personnel, Finance, Health and Dental Records)

ACTIONS AFTER RETIREMENT	RESPON. IBLE INDIVIDUAL OR AGENCY	TIMEFRAME	APPLICABLE DIR
1. Application to Veterans Admin for service connected disability and other benefits to include insurance and home loans.	Retiree	within 30 days after ret or as required	Instructions from VA
2. Change of mailing address (Notify TAG, DA, & Finance Center of change)	Retiree	anytime mailing address changes	
3. Statement of Employment, DD Form 1357 (Regular Army Off only)	Retiree	within 30 days after retirement	AR 600-50
4. Selection of permanent home and movement of household goods	Retiree	within 1 year after retirement	JTR
5. VA/FHA & School Loans	Retiree		
* 6. Hospital insurance and supplemental medical care	Retiree and their dependents	make application at age 65	Instructions from Social Security Admin.
* NOTE: Medical and hospital care continues to be available to retirees and their dependents after age 65 at military facilities on a space available basis. Until age 65, military retirees are also covered under the Uniformed Services Health Benefit Program (CHAMPUS); however, CHAMPUS ends at age 65. Therefore, a person not subscribing to Social Security Medicare will be without medical coverage at age 65, except for care through military facilities on a space available basis, or care through the Veterans Administration.			
7. Application for Social Security Benefits	Retiree	at age 62 or 65 unless totally disabled	Instruction from Social Security Admin

DESIGNATION OF BENEFICIARY
UNPAID RETIRED PAY OF DECEASED RETIRED MEMBER
(AR 600-10 and AR 37-104-1)

IMPORTANT
Read instructions on reverse of
duplicate before filling in this form.

INFORMATION CONCERNING THE RETIREE

1. LAST NAME - FIRST NAME - MIDDLE NAME UNDERWOOD, CHARLES CALVIN	2. RETIRED GRADE COLONEL O-6	3. SERVICE NUMBER [REDACTED]
4. HOME ADDRESS AT TIME OF THIS DESIGNATION (Street, City, State and Zip Code) 17 Palm Circle Fort Shafter, Hawaii 96558	5. STATE OF LEGAL RESIDENCE (If other than shown in Item 4)	6. DATE OF BIRTH 6 October 1917

INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES

7. TYPED OR PRINTED FIRST NAME, MIDDLE INITIAL AND LAST NAME OF EACH BENEFICIARY	8. TYPED OR PRINTED ADDRESS OF EACH BENEFICIARY	9. RELATIONSHIP (If any)	10. DATE OF BIRTH	11. SHARE TO BE PAID TO EACH BENEFICIARY
GENEVA R. UNDERWOOD	C/O I.O. Office, HQ USARPAC, APO SF 96558	WIFE	6Oct1919	100 %
				%
				%
				%
				%
				%

I hereby direct, unless otherwise indicated above, that, if more than one beneficiary is named, the share of any deceased beneficiary who may predecease me shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. I understand that this Designation of Beneficiary shall be void if none of the designated beneficiaries is living at the time of my death.

12. DAY, MONTH AND YEAR OF EXECUTION 30 Apr 72	13. SIGNATURE OF RETIRED MEMBER Charles C. Underwood
WITNESSES TO SIGNATURE (May not be anyone listed in Item 7)	
14. SIGNATURE OF WITNESS James T. Foster	a. NUMBER AND STREET USAPERSCEM-Hawaii b. CITY, STATE AND ZIP CODE AP0 96557
15. SIGNATURE OF WITNESS [Signature]	a. NUMBER AND STREET USAPERSCEM-Hawaii b. CITY, STATE AND ZIP CODE AP0 96557

INFORMATION CONCERNING RETIREES FAMILY (See reverse of duplicate copy)

16. RELATION	17. TYPED OR PRINTED FIRST NAME, MIDDLE INITIAL AND LAST NAME (Show "Deceased" if appropriate)	18. ADDRESS
a. SPOUSE		
b. CHILDREN		
c.		
d.		
e.		
f. FATHER		
g. MOTHER		

IMPORTANT - The filing of this form will completely cancel any designation you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any unpaid retired pay payable at your death.

EXAMPLES OF DESIGNATIONS

HOW TO DESIGNATE ONE BENEFICIARY

TYPED OR PRINTED FIRST NAME, MIDDLE INITIAL AND LAST NAME OF EACH BENEFICIARY	TYPED OR PRINTED ADDRESS OF EACH BENEFICIARY	RELATIONSHIP (If any)	DATE OF BIRTH	SHARE TO BE PAID TO EACH BENEFICIARY
Sally B. Miller	10 Maple Avenue Richmond, Virginia	Mother	6 May 1896	100 %
				%
				%

HOW TO DESIGNATE MORE THAN ONE BENEFICIARY

TYPED OR PRINTED FIRST NAME, MIDDLE INITIAL AND LAST NAME OF EACH BENEFICIARY	TYPED OR PRINTED ADDRESS OF EACH BENEFICIARY	RELATIONSHIP (If any)	DATE OF BIRTH	SHARE TO BE PAID TO EACH BENEFICIARY
Mary E. Brown	9 Park Street Hampton, Maine	Aunt	11 Feb 1901	50 %
John I. Smith	208 Rockland Road Augusta, Georgia	Nephew	2 Mar 1938	25 %
Jane L. Doe	42 Lake Road Austin, Texas	Niece	5 Dec 1941	25 %

HOW TO DESIGNATE A CONTINGENT BENEFICIARY

TYPED OR PRINTED FIRST NAME, MIDDLE INITIAL AND LAST NAME OF EACH BENEFICIARY	TYPED OR PRINTED ADDRESS OF EACH BENEFICIARY	RELATIONSHIP (If any)	DATE OF BIRTH	SHARE TO BE PAID TO EACH BENEFICIARY
Richard T. Roe, if living	525 Elm Street Denver, Colorado	Father	25 Jan 1894	100 %
Otherwise to: Susan K. Roe	525 Elm Street Denver, Colorado	Sister	16 Aug 1922	100 %
				%

HOW TO CANCEL A DESIGNATION OF BENEFICIARY SO THAT AMOUNT DUE WILL BE PAYABLE AS PROVIDED IN THE LAW

TYPED OR PRINTED FIRST NAME, MIDDLE INITIAL AND LAST NAME OF EACH BENEFICIARY	TYPED OR PRINTED ADDRESS OF EACH BENEFICIARY	RELATIONSHIP (If any)	DATE OF BIRTH	SHARE TO BE PAID TO EACH BENEFICIARY
Cancel prior designations				%
				%
				%

IMPORTANT NOTICE - Order of Precedence

If there is no designated beneficiary living, any balance due in pay and allowances on date of death of a retired member will be payable to the first person or persons listed below who are alive on the date title to the payment arises.

1. To the widow or widower.
2. If neither of the above, to the child or children in equal shares, with the share of any deceased child distributed among the descendants of that child.
3. If none of the above, to the parents in equal shares or the entire share to the surviving parent.
4. If there be none of the above, to the duly appointed legal representative of the estate of the deceased retired member, or if there be none, to the person or persons determined to be entitled thereto under the laws of the domicile of the deceased retired member.

INSTRUCTIONS

1. The examples printed above may be helpful in executing the Designation of Beneficiary.

2. All entries on the form except signatures should be typed or printed in ink (*typewriting preferred*). All designations of beneficiary or beneficiaries should be executed on DA Form 3140 and must be signed and witnessed. A beneficiary may not be a witness.

3. Complete the form in duplicate and send the original to the Retired Pay Division, Finance Center, U. S. Army, Indianapolis, Indiana 46249. A Designation of Beneficiary must be received by the agency prior to the death of the designating retired member to be valid. You should keep the duplicate for your own records.

4. Cancellation of a prior Designation of Beneficiary may be effected without the naming of a new beneficiary by executing a new DA Form 3140, and inserting in the space provided for name of beneficiary the words, "Cancel prior designations." The effect of this action will require payment to be made in the order of precedence stated above.

5. A designation free of erasures or alterations should be filed in order to avoid a possible contest after death.

6. In the absence of DA Form 3140, any designation, change, or cancellation of beneficiary witnessed and filed in accordance with the general requirements of these instructions shall be acceptable.

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*** . UNCLASSIFIED ***

A/D

PAGE 01 OF 01

TOR

CNTL NO

ACT: ROUTINE

111757Z APR 72

RRU21021021

ACT -- AG (3)

INFO -- PER (2)

IO (1)

OTC --

R 111210Z APR 72

FM DA (TAG)

TO CINCUSARPAC

UNCLAS

DAAG-PSS-R

SUBJ: PERM DSABL RET

COL CHARLES C UNDERWOOD [REDACTED] IS PERM RET FOR 40
PER CENT DSABL PER DALO D4-366 DATED 10 APR 72 AFTER COMPL
31 YRS 2 MOS 29 DAYS ACT FED SVC AND 32 YRS 9 MOS 29 DAYS
SVC FOR BASIC PAY PURPOSES. OFF REFRAD 30 APR 72 AND
PLACED ON USA RET LIST 1 MAY 72 UP TITLE 10 USC SECS 1201
AND 1372. HOSTWOY PCS TDN PPSIA (MDC) 7B02 SPN 77M. ORDERS
AIRMAILED 10 APR 72. ADVISE MBR

BT

#5720

*** UNCLASSIFIED ***

COMPUTATION OF RETIRED PAY

(Monthly)

Base Pay (Active) \$1,933.20

Retired Pay (75% of Active) \$1,449.90

Forty per cent of Active Pay is tax exempt
for income tax purposes.

40 per cent of \$1,933.20 = \$ 773.28

Taxable Retired Income \$ 676.62

Income Tax (Estimate) \$ 77.30 per month

Total allotments (Deductions) \$ 112.53 per month

Take home retired pay (income tax and
allotments from retired pay) \$1,260.17

NOTE: See TAB 4 on Sick Pay Exclusion.





DEPARTMENT OF THE ARMY
OFFICE OF THE ADJUTANT GENERAL
WASHINGTON, D.C. 20314

DAAG-PSS-R Underwood, Charles C.

10 April 1972

LETTER ORDERS NUMBER D4-366

SUBJECT: Permanent Disability Retirement

COLONEL CHARLES C. UNDERWOOD INFANTRY

Headquarters, US Army Pacific
APO San Francisco 96558

TC 372. The above named individual having been determined to be PERMANENTLY unfit for duty by reason of disability incurred while entitled to receive basic pay, is RETIRED FROM ACTIVE SERVICE, relieved from assignment and duty, and placed on the RETIRED LIST, as indicated.

ADMINISTRATIVE ACCOUNTING DATA

Ret list: USA

Auth (Ret): 1201, 10, USC

Auth (Ret gr): 1372, 10, USC

SPN: 77M

PCS MDC: 7F02

Eff date (REFRAD): 30 Apr 72

FOR THE INDIVIDUAL

Date placed on the retired list: 1 May 72

Permanent grade: COL

Retired grade: COL

Percentage of disability: 40%

Special Instructions (Appendix B, AR 310-10): 83

BY ORDER OF THE SECRETARY OF THE ARMY:

J. Slone
Adjutant General



IMPORTANT INFORMATION - PLEASE READ CAREFULLY

FINANCE CENTER, U. S. ARMY
INDIANAPOLIS, INDIANA 46249

1. RETIRED PAY: The following information is a broad coverage of responsibilities assumed by a member upon retirement in order to insure prompt payment of retired pay. Retired pay is paid monthly by the Retired Pay Division of the Finance Center, U. S. Army, irrespective of place of residence. All correspondence relative to retired pay, irrespective of place of residence, should be directed to the Retired Pay Division, Finance Center, U. S. Army, Indianapolis, Indiana 46249.

a. Retired Pay General Information: Checks are mailed on or before the last calendar day of the month. Where a monthly report of existence is required, the report card will be included with the initial and subsequent retired pay checks. The report must be completed and returned as soon as possible after receipt of the check and not later than the 20th of the month to insure prompt mailing of the check for the current month. If a report is not received, mailing of the check is suspended pending necessary reports of existence. A report of existence is a notification to the Finance and Accounting Officer that the member was alive on the last day of the month for which pay was due. This report is required when the member's retired pay check is drawn as stated in paragraph e. The retired member should allow a reasonable period (at least five days after normal delivery date) before sending inquiries to the Retired Pay Division relative to nonreceipt of checks. Checks of retired personnel residing in some certain overseas areas are mailed directly to the individual. Checks of retired personnel residing in some areas, including Hawaii, the Republic of Panama, Panama Canal Zone, Philippine Islands, and the Antilles, are bulk-mailed to designated overseas finance and accounting offices prior to the last day of the month. For general information relative to retired pay, see AR 37-104-1 and DA Pamphlet 600-5.

b. Forms and/or documents required to be executed at time of retirement:

(1) DD Form 418 (Data for Payment of Retired Armed Forces Personnel).

This form must be completed in full before your retired pay account may be established and paid. Since no payment may be made until the form is received in the Retired Pay Division, it is of the utmost importance that you complete the form and return it to this headquarters at the earliest possible date.

(a) Non-disability Retirements: DD Form 418 is forwarded to the retired member by The Adjutant General's Office and is included in a packet of information.

(b) Disability Retirements: DD Form 418 is forwarded to the retired member by the Retired Pay Division. The form shows computations of pay based on both years of service and percentage of disability in order that the member may have this information available when making the election required by the Career Compensation Act of 1949.

(2) RSFPP Elections: If you made an election under the Retired Serviceman's Family Protection Plan (formerly the Uniformed Services Contingency Option Act of 1953) to provide an annuity for your eligible dependents following your death, it will be necessary that you submit birth certificates of your wife and your dependent children to the Retired Pay Division at the earliest possible date, preferably when you submit DD Form 418 in support of payment of retired pay. Photostatic or certified copies of birth certificates are preferred. If you are unable to submit photostatic or certified copies of public records or original documents, the Retired Pay Division will furnish information relative to secondary evidence upon receipt of information that you

are unable to obtain the desired documents. The cost of an election under the Retired Serviceman's Family Protection Plan is excluded from income for Federal tax purposes. The annuity payable is completely subject to Federal tax laws; however, if for any reason the full amount of the cost has not been excluded from taxable retired pay prior to the member's death, the balance will be excludable from the annuity. In this event, appropriate statements will be furnished the annuitant by the Retired Pay Division.

(3) Allotments: All allotments will remain in effect following retirement unless you submit a DA Form 1341, "Allotment Authorization" to the Retired Pay Division requesting discontinuance. All allotment authorizations and requested changes to existing allotments should be clearly addressed and mailed to the Retired Pay Division, Finance Center, U. S. Army, Indianapolis, Indiana 46249. Subsequent to retirement but prior to first retired payments, you will be furnished an allotment continuation information form which you may use in discontinuing any allotment(s) automatically continued in force. Although allotments are automatically continued, you may receive notices from either the Veterans Administration or commercial insurance companies to the effect that insurance allotments had been terminated as of the date of your retirement, provided you had insurance allotments in effect. Upon receipt of such a letter, it is requested that you inform the insurance company in question that you have authorized allotments to be continued in effect following your retirement and that future allotment payments will be received by the company from the Retired Pay Division, Finance Center, U. S. Army, Indianapolis, Indiana 46249. Please do not forward inquiries relative to this matter to the Retired Pay Division. Allotment checks drawn payable to a bank may not be deposited to a joint account. You will be furnished a Payroll Computation and Financial Statement, FCUSA Form 20-11, by the Retired Pay Division upon establishment of your retired pay account, which form will specifically itemize each allotment which has been or will be established in your case. If you had allotment(s) in effect from active duty pay which were drawn payable to a bank you will also be requested at this time to furnish information to the Retired Pay Division to assure that the allotment(s) are not for deposit to a joint account. The last active duty pay deduction should pay your allotments for the first month of your retired status provided you had originally established allotments on an advance payment basis. Allotment payments may be paid by the Retired Pay Division effective the first day of the month following the month during which appropriate authorization is received.

(4) Treasury Department Form W-4 (Withholding Exemption Certificate). Treasury Department Form W-4 is a form on which the member indicates his marital status and the number of dependents he is claiming for income tax purposes. It is essential that this form be completed and furnished to either the personnel officer or direct to the finance officer making the last payment of active duty pay. Form W-4 may be obtained from the personnel officer or finance officer at your final duty station. Failure on your part to submit this form through the personnel officer or finance officer to the Retired Pay Division prior to the fifth day of the month following retirement, or to indicate the number of exemptions on DD Form 418 will result in tax being withheld on the basis of a single person (if your marital status cannot be determined from your retirement records) with "0" exemptions. It will then be necessary for you to make claim to the District Director of Internal Revenue for excess tax withheld at the time your return is filed for the calendar year.

(5) DA Form 3140, Designation of Beneficiary Unpaid Retired Pay of Deceased Retired Member. This form is furnished each member at the time of retirement by The Adjutant General, Department of the Army. It should be fully completed and delivered to the personnel or Finance Office of your last duty station for transmission to Retired Pay Division. If at any time after retirement you wish to make a change in your designated beneficiary(ies), a new DA Form 3140 should be requested and/or submitted to the Retired Pay Division, Finance Center, U. S. Army, Indianapolis, Indiana 46249.

(6) Nonreceipt of any of the above listed forms may result in delay in the establishment of the retired pay account of the member or settlement of arrears of pay in the event of death. The importance of prompt submission of forms by the member cannot be over-emphasized.

c. Retired pay checks will be drawn at the election of the member, in one of the following ways:

(1) Payable to the member and mailed to his home address.

(2) Payable to the member and mailed in care of a bank. The member must arrange with the bank for negotiation of the checks. This arrangement usually involves the execution of power of attorney, permitting the bank to act for the member. The Retired Pay Division should not be consulted as this is an arrangement between the member and his bank.

(3) Payable to a bank or savings institution for credit to the retired members account. Prior arrangements must be made with the bank and the check cannot be deposited to a joint account. Until DD Form 418 is revised and to eliminate correspondence, the member should indicate in block 4 "Check will not be deposited to a joint account."

d. Changes:

(1) Retired members leaving the United States, or other area of permanent residence outside the United States, are requested to report dates of departure and return and address to which retired pay is to be mailed during their absence. Reporting cards and instructions will be furnished, as applicable.

(2) A request to change the name of the payee to be shown on checks (example: From in care of one bank to in care of another bank), must be received in the Retired Pay Division prior to the eighth day of the month in which the change is to take effect. Requests received on the eighth day or thereafter will be effective the following month.

(3) Changes in address only must be received in the Retired Pay Division not later than the tenth day of the month to be effective and shown on the check for that month. Changes of address received after that date but not later than the 23rd day of the month will be reposted for the new address. The Adjutant General, Department of the Army, Washington, D. C., mails the Retired Army Personnel Bulletin to retired members on a monthly basis. Members who receive their retired pay at an address other than their regular mail address (for example, to a bank for deposit) should send separate notice to Headquarters, Department of the Army, Office of The Adjutant General (AGPO), Washington, D. C. 20315 when their regular mail address changes. The Retired Pay Division should also be informed of changes in your regular mail address when checks are mailed to another address.

(4) Changes in Allotments: Following retirement, the only allotments which may be initiated are those for, payment of an indebtedness due the United States, payment of insurance premiums on the life of the allottee, or purchase of U. S. Savings Bonds and/or Savings Notes. Any changes which may be received from you that change the amount or the name of an allottee of a voluntary allotment which was continued upon retirement or established prior to 1 October 1967, except for payment of insurance premiums, debts due the United States, or U. S. Savings Bonds and/or Savings Notes, constitutes an automatic discontinuance. Thereafter, it will be necessary that you make any future payments which may become due directly to the allottee. If you desire to initiate, change, or discontinue an allotment subsequent to retirement, after consideration of the automatic discontinuance provisions stated above, your request may be in the form of a letter over your signature. The request should include full information;

the name of the allottee, the amount, the effective date of change or discontinuance, your service number and Social Security account number for prompt identification.

e. Reports of Existence ARE required where:

- (1) Retired pay checks are drawn to a third party for member who is incompetent;
- (2) Retired pay checks are mailed direct to an address outside of the United States;
- (3) Member is residing in the United States and check is mailed to an address outside of the United States; or
- (4) Required by Finance Officer to protect best interests of the United States.

f. Dual Compensation Laws: All members receiving retired pay for, or on account of commissioned service, must furnish a report to the Retired Pay Division when employed in a civilian capacity with the United States Government, or activities controlled by the United States Government, for determination of entitlement to retired pay under dual compensation laws. Government activities include, but are not limited to, post exchanges, open messes, laundries, golf courses, libraries, and hotels.

g. Annual Withholding Tax Statement: Retired members whose retired pay is subject to Federal taxation will be furnished a Withholding Tax Statement (TD Form W-2) after the close of each calendar year, showing total payments which are subject to tax and total tax withheld for the calendar year during which payments are actually effected. This form will be furnished not later than 25 January each year without request from the member. Non-residents of the United States who are not citizens of the United States will not be furnished TD Form W-2. Appropriate non-resident alien taxes will be withheld. The person will be informed by TD Form 1042S at the end of each year as to the amount withheld.

h. Correspondence and documents to the Retired Pay Division should include the full name (printed as well as signed), service number, and Social Security Account Number.

2. Lump-sum Readjustment Payments - Effect Upon Payment of Retired Pay.

a. Public Law 87-509, Act 28 June 1962, amended the Armed Forces Reserve Act of 1952 as amended by Section 265, Public Law 676-84th Congress, Act 9 July 1956, relating to lump-sum readjustment payments for members of reserve components who are involuntarily released from active duty and for other purposes.

b. A member of a reserve component who received a readjustment payment after 28 June 1962 and who qualifies for retired pay under any provision of law that authorizes retirement after 20 years of active service, may not be paid retired pay until an amount equal to 75 percent of the readjustment pay has been withheld. This recoupment provision of the 1962 Act applies to all commissioned officers, warrant officers, and enlisted members of the reserve components. Recoupment is required irrespective of whether retired pay is elected to be computed on the basis of percentage of disability or years of active service. Retired pay will not be withheld because of the acceptance of readjustment payments prior to 28 June 1962 under Public Law 676, 84th Congress. However, if retired pay is waived at any time to receive benefits from Veterans Administration, such benefits would not be paid until an amount equal to 75 percent of the readjustment payments received has been withheld.

c. The 1962 Act also provides that on or after 28 June 1962, a member may receive readjustment payment and retain his rights to benefits payable by Veterans Administration, but such benefits shall not be paid until an amount equal to 75 percent

of the readjustment payment received has been withheld.

d. If a reserve member received readjustment pay computed under the Act of 9 July 1956, and a supplemental payment under the Act of 28 June 1962, and the amounts when combined, equal the readjustment pay entitlement under the 1962 Act, the first payment may not be retained and the additional amount computed under the 1962 Act refunded in order to receive retired pay without reduction upon future retirement from active duty. The 1962 Act does not contain a "Savings Clause" extending the provision of the 1956 Act beyond 28 June 1962. However, a reserve officer who elected to receive readjustment pay under the 1956 Act and after 28 June 1962 is paid readjustment pay computed under the 1962 Act without a choice to elect not to receive the readjustment pay, may refund the entire amount of readjustment pay received and upon qualifying for retired pay, may be paid such pay without further recoupment.

e. The reason for requiring repayment of only 75 percent rather than the total readjustment pay is to afford a reasonable allowance for income taxes paid on the readjustment pay, prior to qualifying for retired pay. When applying the 75 percent computation formula to lump-sum readjustment payments to determine amounts to be recouped from retired pay, any mustering-out-pay received under the Mustering-out Payment Act of 1944 or the Veteran's Assistance Act of 1952 have to be deducted from the gross readjustment pay. The 75 percent formula is applied to this adjusted lump-sum readjustment payment to determine amount for recoupment from retired pay. Recoupment is made from gross retired pay without the withholding of Federal Income Tax based on taxable retired pay, if any, or the reporting of these payments to the Internal Revenue Service on USTD Form W-2.

f. Regulations governing the granting of retired pay to members and former members under Chapter 67, Title 10, United States Code, Sections 1331-1337, as amended, provide that reserve personnel involuntarily relieved from active service who are not eligible for retired pay at time of release, but who are paid readjustment pay under the provisions of Section 265(c) of the Armed Forces Reserve Act of 1952, as added by the Act of 9 July 1956, as amended, are eligible to receive retired pay under these regulations provided they are otherwise qualified at a later date. Members and former members applying for retirement under Title 10, U. S. Code 1331-1337, as amended, must have completed a minimum of 20 years' qualifying service. The applicant must not be qualified to receive retired pay from the Armed Forces, under any provision of Title 10 or Title 14 which authorizes his retirement upon completion of 20 years active service. Accordingly, the recoupment provisions of the 1962 Act are not for application.

3. TRAVEL ALLOWANCES:

a. A service member who is entitled to select a home upon retirement may be paid travel allowances for himself and dependents to the place selected. Once a home for retirement has been selected, travel has been performed and payment received, such selection is irrevocable.

b. Payment for travel to your home of selection is authorized only after travel is performed for the purpose of establishing a home. Reimbursement is not authorized for travel for a visit, or for any other temporary purpose.

c. Once a retired member has been paid for his travel to a home of selection, that is the only place to which entitlement to reimbursement for travel of dependents exists.

d. Your travel and that of your dependents to the home of selection must be completed within one year after termination of your active duty.

(1) If, at the time of retirement, you are in a Government hospital or at a civilian hospital at Government expense, you must select your home and travel to it within one year after the date of discharge from the hospital or termination of medical

treatment. You may ask the Director of Transportation, Deputy Chief of Staff for Logistics, Department of the Army, to get approval of the Secretary of the Army for an extension of the time limitations applicable to a member undergoing hospitalization or medical treatment.

(2) If, for any period of time during the one-year period subsequent to date of retirement, you are in a Government hospital or at a civilian hospital at Government expense, you must select your home and travel to it within one year after the date of termination of active service, plus a period equal to the period of your hospitalization or treatment.

(3) If, at the time of retirement, you are undergoing education or training in order to qualify for acceptable civilian employment, or if you commence such education or training during the one-year period following that date, you must select your home and travel to it within one year after completion of education or training, or two years from the date of termination of active service, whichever is earlier; and travel during such period is authorized or approved by the Secretary of the Army, or his designated representative. If you wish an extension of the time limitations, you may forward a request for an extension to the Director, Settlements Operations, Finance Center, U. S. Army, Indianapolis, Indiana 46249. Request should be accompanied by proof of enrollment and approximate completion date of training. Request for extension beyond this period should be forwarded to the Deputy Chief of Staff for Personnel, Headquarters, Department of the Army, Washington, D. C. 20310.

e. A retired member who selects a place outside the continental limits of the United States for his retired home (home of selection) is required to make application to the appropriate terminal commander for transportation from port of embarkation to port of debarkation (transoceanic travel). The application will be submitted with copy of the retirement orders at least 60 days prior to date transportation is desired.

(1) The appropriate terminal commander will inform that (1) Government transportation will be furnished or (2) that commercial transportation by use of Government transportation requests or other transportation documents will be furnished.

(2) If Government transportation, or commercial transportation by use of Government transportation procured documents, are available, and the member performs transoceanic travel at personal expense (other than foreign-flag), reimbursement may not exceed the cost which would have been incurred had the Government furnished the transportation.

(3) Travel performed at personal expense on an aircraft or vessel of foreign registry is not reimbursable unless a determination has been made by the appropriate terminal commander or other appropriate officer that an aircraft or vessel registered under the laws of the United States is not available.

f. A dislocation allowance is not payable from last duty station to home of selection upon retirement.

g. Below are instructions covering submission of claims for travel. Complete ~~DD Form 1351-4~~ DD Form 1351-4 (Voucher or Claims for Dependent Travel and Dislocation or Trailer Allowance) when claiming reimbursement for personal and dependent travel to a home of selection. When the claim for reimbursement does not include travel by dependents, the word "none" will be placed on the first line of Section I, under the word "NAME" on the DD Form 1351-4. The member will check Section I of the form to show that travel was from last permanent station or last duty station (whichever is applicable) to home of selection whether or not dependent travel is involved. In addition to placing checks in the applicable boxes, the member will also circle the words "Home

of Selection;" complete dates of travel and furnish mode of transportation used. Upon completion of the form, the member should:

(1) Sign the form.

(2) Forward all copies of the form together with two copies of retirement orders to:

Claims Division
Settlements Operations
Finance Center, U. S. Army
Indianapolis, Indiana 46249

(3) If you were retired at a station other than your last permanent duty station such as at a Transfer Station, Personnel Center, Medical Holding Detachment, etc., include two copies of orders transferring you from last permanent duty station to place of retirement.

(4) If your home of selection is overseas and the travel to the home was performed at personal expense, ticket receipts for that travel should also accompany your claim.

4. HOUSEHOLD GOODS:

a. A service member who is entitled to select a home may ship his household goods from his last permanent duty station, any previous permanent duty station, from a designated place, or an authorized storage place, to his home. ~~After receipt of the goods at the home of selection, the member may request the Director of Transportation to reshipment to the ultimate destination.~~ Shipment of household goods is authorized to places other than the member's home of selection ... or part to such home and part to some other place, provided the member bears all cost in excess of the cost of shipment in one lot to his home of selection. Your household goods must be turned over to the transportation officer within one year after termination of active duty. If you are in a hospital at Government expense your household goods must be turned over to the transportation officer within one year after discharge from the hospital or within two years from the date of your retirement, whichever is the earlier. You may request the Director of Transportation to extend the time limitations applicable to hospitalization.

b. "If you are recalled to active duty before selecting a home and traveling to it, you will be entitled to select a home upon release from active duty the same as if you had not been previously retired. If you are recalled to active duty and have selected a home and traveled to it upon release from active duty you will be entitled to travel, travel of dependents, and shipment of household goods from your last duty station to the home selected or the place from which called to active duty, whichever you elect. The time limitations placed on travel and shipment of household goods for retirement are applicable."

5. SOCIAL SECURITY:

a. The Social Security Administration encourages individuals to check their social security accounts at least once each three years. This is done in order that accounts may be adjusted promptly in the event they are found to be in error. If you have not requested a statement of earnings from the Social Security Administration during the past three years, it is suggested that you do so by completing the inclosed OAR Form 7004 (Request for Statement of Earnings) and mailing it to the address shown thereon. If the statement you receive from the Social Security Administration does not agree with your own records, you should contact your nearest District Social Security

Office.

b. If you were on active duty after 15 September 1940 and before 1 January 1957, you may be given free social security wage credits of \$160 a month. These credits are not actually listed in your Social Security Account, however, if this credit is needed when an application is filed, such credit may be allowed. Since 1 January 1957 your account should show wage credits in an amount equal to the amount of your base pay, with a limitation of \$4,200 for calendar years 1957-58, \$4,800 for calendar year 1959 through 1965, and \$6600 thereafter.

6. New Health Benefits for Retired Military Personnel and Their Dependents.

Retired members and their dependents, including reservists retiring at age 60 with less than 8 years of active duty, are now eligible for care under the new Civilian Health and Medical Program of the Uniformed Services, provided they are not entitled to hospital insurance benefits under the Social Security Health Insurance Program. The new program includes both outpatient and inpatient care. This is not an insurance program; there are no premiums, and unless you receive medical care, payments of any nature are not due. For additional information concerning this new program, contact the nearest military service installation.

STATEMENT OF MEDICAL CONDITION

(When Examined More than 3 Days Prior to Separation)

(AR 40-501)

DATE

30 April 1972

LAST NAME - FIRST NAME - MIDDLE INITIAL, GRADE & SERVICE NO. (Type or Print)

Underwood, Charles C

COL

ORGANIZATION

USA Personnel Center

DEPT

APO SF 96357

LAST SEPARATION EXAMINATION

DATE

MEDICAL TREATMENT FACILITY

I underwent a separation medical examination more than 3 working days prior to my departure from place of separation.

TO THE BEST OF MY KNOWLEDGE, SINCE MY LAST SEPARATION EXAMINATION:

INFORMATION:

☒ There has been no change in my medical condition.

☐ My medical condition has changed as follows:

Charles C Underwood
(SIGNATURE OF MEDICAL PERSONNEL)



SECTION VI

INTERNAL REVENUE RULINGS "SICK PAY EXCLUSION"

Retirement for disability qualifies military personnel to claim sick pay exclusion on the taxable portion of their retired pay until they reach "retirement age" (Revenue Ruling 58-43). Sick Pay Exclusion for the first 30 calendar days following retirement may not exceed \$75.00 a week. Your sick pay exclusion starts on the 8th day following retirement. However, if you are hospitalized at least one day anytime during the first calendar year of retirement, the exclusion starts on the day of retirement. After the first 30 calendar day period, you may exclude up to a weekly rate of \$100 a week of the taxable portion of your retired pay until you reach retirement age. In your case retirement age is age 62. In the year during which you reach "retirement age" you may claim the sick pay exclusion for that portion of the year before the date you reach "retirement age".

Internal Revenue Ruling 59-26 (January 1959) defines retirement age for a Major General as date officer completes 40 years service; or date on which he reaches age 62. For Major Generals who, at time of retirement, have reached age 62 and are serving in a temporary grade above Major General or in a position carrying such higher grade, "retirement age" is age 64.

In no case will "retirement age" be later than the date officer completes 40 years service had he remained in the service.

You may not qualify for "sick pay exclusion" if you are employed by an agency or branch of the United States Government, which includes non-appropriated fund activities such as post exchanges, theatres on military installations, commissioned and noncommissioned officers' mess and corporations owned by the United States. If you are otherwise entitled to the exclusion but employed by the United States Government during part of a calendar year, you may claim sick pay exclusion from the taxable portion of your retired pay for that part of the year when you are not employed by the Government.

Sick pay exclusion deductions in your case, if you are retired for physical disability, are shown in Service versus Disability Comparison Chart, Section VII.



STATEMENT OF EMPLOYMENT
(Regular Retired Officers)

1. I am a regular retired officer of the U.S. Army and was retired on 1 May 72.
(Department) (Date)

2. I ☐ am ~~XX~~ am not employed. (If employed, or self employed, complete the rest of this item; if more than one employer, list complete information for each employer on a separate sheet).

a. My employer's name and address is

b. My employer sells, or offers for sale, to agencies (including nonappropriated fund activities) of the Department of Defense, the Coast Guard, the Coast and Geodetic Survey, or the Public Health Service, the following types of products or services:

c. My position title is

d. My duties are, briefly (a complete description of your job, a copy of your employment contract, or any other pertinent information, may be attached):

e. My duties do not involve selling to the Government in violation of the statutes and policies cited in the regulation received.

3. I have received a copy of DOD Directive 5500.7, or the regulation issued by my department implementing that Directive.

4. I will promptly file a new Statement of Employment whenever the information in this Statement is no longer accurate.

SIGNATURE

DATE

NAME (Typed or Printed)

FILE SERVICE NUMBER

WILLIAM CHARLES G. HENDRICKS

DD FORM 1357
1 MAY 63

PREVIOUS EDITION OF THIS FORM IS OBSOLETE.

1 May 1972
SUBJECT: UNDERWOOD, Charles Calvin, COL US Army (RET), [REDACTED]

To Whom It May Concern:

Colonel Underwood entered active duty on 15 February 1941 and was on continuous duty until 30 April 1972.

Time Lost: None

Date of Birth: 6 October 1917

Social Security No: [REDACTED]

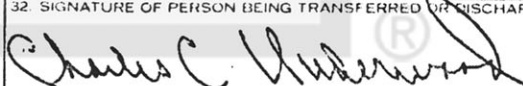
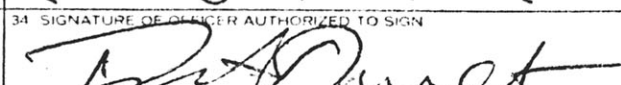
Enclosed is a copy of DD Form 214 pertaining to COL Underwood.

1 Incl
DD Form 214

CHARLES A. BYRD
Major, AGC
Asst AG



THIS IS AN IMPORTANT RECORD
SAFEGUARD IT.

PERSONAL DATA	1. LAST NAME-FIRST NAME-MIDDLE NAME UNDERWOOD, Charles Calvin		2. SERVICE NUMBER 034-337		3. SOCIAL SECURITY NUMBER [REDACTED]		
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS ARMY - USA		5a. GRADE, RATE OR RANK COL	b. PAY GRADE 0-6	6. DATE OF RANK 17 Dec 1962		
	7. U.S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) Sugar Lake, Platte Co, Missouri		9. DATE OF BIRTH 6 Oct 1917		
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER None		b. SELECTIVE SERVICE LOCAL BOARD NUMBER CITY, COUNTY STATE AND ZIP CODE NA			c. DATE INDUCTED DAY MONTH YEAR	
TRANSFER OR DISCHARGE DATA	11a. TYPE OF TRANSFER OR DISCHARGE Retired		b. STATION OR INSTALLATION AT WHICH EFFECTED HQ USARPAC				
	c. REASON AND AUTHORITY 10 USC 1201 & 1372 SPN 77M Retirement (Perm Disability)				d. EFFECTIVE DATE 30 Apr 1972		
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND Special Assistance to Chief of Staff (Info) USARPAC, APO 96558		13a. CHARACTER OF SERVICE HONORABLE		b. TYPE OF CERTIFICATE ISSUED DD Form 363A		
	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED NA		15. REENLISTMENT CODE NA				
SERVICE DATA	16. TERMINAL DATE OF RESERVE/UMTS OBLIGATION DAY MONTH YEAR NA		17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY <input type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED <input checked="" type="checkbox"/> OTHER Commissioned in RA from USAR		b. TERM OF SERVICE (Years) 15 Feb 1941		c. DATE OF ENTRY DAY MONTH YEAR
	18. PRIOR REGULAR ENLISTMENTS NA		19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC Second Lieutenant		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) Amarillo, Texas		
	21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) Amarillo, Texas		22. STATEMENT OF SERVICE		YEARS MONTHS DAYS		
	23a. SPECIALTY NUMBER & TITLE 1542 Inf Unit Cmdr		b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER				
24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED Legion of Merit, with Oak Leaf Cluster; Bronze Star Medal, with Oak Leaf Cluster; Army Commendation Medal; Purple Heart; Army of Occupation Medal (Germany); American Defense Service Medal; American Service Campaign Medal; World War II Victory Medal; National Defense Service Medal, with Oak Leaf Cluster; Combat Infantry Badge; Distinguished Unit Badge, with Two Oak Leaf Clusters; Philippine Defense Ribbon; Philippine Independent Ribbon; Asiatic Pacific Campaign; Philippine Presidential Unit Citation; Glider Badge.							
25. EDUCATION AND TRAINING COMPLETED Kansas State College, 1936, Journalism; University of Missouri College, 1939, Journalism; University of Missouri College, (PG), Journalism, 1950, (MA); FAS, TAAC, TCS, TAS, TIS, POW Orientation, 1946, TIS, Officer Advance Course, 1947; TIS, Air Transportation Course, 1948; CGSC Regular Course, 1954; TIS, FORC No: 1, 1954; CGSC Senior Officer NWECC 1959; United States Army, Armor School, Senior Officer Provost Marshall Course No: 5, 1959; Military Assistance Installation, Orientation Course, 1959.							
VA AND EMP. SERVICE DATA	26a. NON-PAY PERIODS TIME LOST (Preceding Two Years) None		b. DAYS ACCRUED LEAVE PAID 60		27a. INSURANCE IN FORCE (NSLI or USGLI) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		c. MONTH ALLOTMENT DISCONTINUED NA
REMARKS	28. VA CLAIM NUMBER NA		29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$15,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE				
30. REMARKS Placed on USA Retirement List in Grade of Colonel: 1 May 1972 Integrated in RA on 28 June 1946 Accepted RA Appointment 5 July 1946 Item 5a - Perm COL RA, 29 Dec 67							
AUTHENTICATION	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) 17 Palm Circle Fort Shafter, Hawaii 96558			32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED 			
	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER DENNIS B. SHULT CPT AGC Acting Commander			34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN 			

DATA FOR PAYMENT OF RETIRED ARMED FORCES PERSONNEL

This form is for use in establishing retired pay accounts of members of the Army or Air Force and should be completed promptly and submitted to the appropriate finance center.

1. LAST NAME - FIRST NAME - MIDDLE NAME UNDERWOOD, Charles Calvin		2. SERVICE NUMBER(S) 034-337	3. EFFECTIVE DATE OF RETIREMENT 31 May 72
4. MAILING ADDRESS FOR CHECKS (If check mailing address and home address are different, enter home address on reverse of form.) (Include ZIP Code) COLONEL CHARLES C. UNDERWOOD, C/O National Bank of Ft. Sam Houston, Acct #5254024, San Antonio, Texas			5. NO. OF EXEMPTIONS FOR WITHHOLDING TAX PURPOSES 4
6a. ARE YOU DRAWING A PENSION, RETIREMENT PAY OR DISABILITY COMPENSATION FROM THE VETERANS ADMINISTRATION OR OTHER GOVERNMENT AGENCY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "NO", HAVE YOU MADE APPLICATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		6b. IF ANSWER TO EITHER QUESTION IN ITEM 6a IS "YES", GIVE NAME AND ADDRESS OF AGENCY OR VA REGIONAL OFFICE, AS APPROPRIATE, AND AMOUNT RECEIVED, IF APPLICABLE.	

7. THE FOLLOWING ALLOTMENTS ARE AUTHORIZED TO BE DEDUCTED FROM MY RETIREMENT PAY. I CERTIFY THAT ALLOTMENTS IN c BELOW REPRESENT PREMIUMS ON INSURANCE, ONLY, FOR MYSELF AND/OR DEPENDENTS UNDER A FAMILY POLICY PLAN.

a. "CLASS Q" (Government Life Insurance) 8	b. "CLASS N" (National Service Life Insurance) 8	c. "CLASS E" (Commercial Life Insurance) \$16.17; \$20.56;
8. ARE YOU A CITIZEN OF THE UNITED STATES? Yes	9. DATE OF BIRTH 6 October 1917	10. PLACE OF BIRTH Sugar Lake, MO

11. PERSONS RECEIVING RETIRED PAY IN A COMMISSIONED GRADE (If answer to 11 or 12 is in affirmative, explain briefly on reverse.)

I ☐ AM ☒ AM NOT HOLDING A CIVILIAN OFFICE OR POSITION, APPOINTIVE OR ELECTIVE, UNDER THE UNITED STATES GOVERNMENT, OR THE MUNICIPAL GOVERNMENT OF THE DISTRICT OF COLUMBIA, OR UNDER ANY CORPORATION, THE MAJORITY OF THE STOCK OF WHICH IS OWNED BY THE UNITED STATES. SHOULD THERE BE A CHANGE IN MY STATUS IN THIS CONNECTION I WILL NOTIFY THE APPROPRIATE FINANCE CENTER IMMEDIATELY UPON SUCH CHANGE.

12. RETIRED REGULAR OFFICERS AND WARRANT OFFICERS

I ☐ WILL ☒ WILL NOT ENGAGE, EITHER FOR MYSELF OR OTHERS, IN NEGOTIATING, SELLING OR CONTRACTING FOR THE SALE OF SUPPLIES OR WAR MATERIALS TO A GOVERNMENT AGENCY, WITHIN THREE YEARS AFTER RETIREMENT, WITHOUT IMMEDIATELY NOTIFYING THE APPROPRIATE FINANCE CENTER.

13. (APPLICABLE ONLY TO INDIVIDUALS PERMANENTLY RETIRED FOR PHYSICAL DISABILITY OR PLACED ON THE TEMPORARY DISABILITY RETIRED LIST. NOTE: Disability Retirement Pay of any individual placed on the Temporary Disability Retired List shall be not less than 50% of the basic pay upon which computation is based.)

I ELECT TO RECEIVE DISABILITY RETIREMENT PAY COMPUTED UPON:

☐ PERCENTAGE OF DISABILITY

(Monthly Amount \$ **773.28**)

☒ NO. OF YEARS OF SERVICE BASED ON

XX ELIGIBILITY UNDER **10 USC 1201 & 1372**

(Monthly Amount \$ **1,449.40**)

(PERM DISABILITY, 40%)

(Monthly Amount \$ _____)

14a. I <input type="checkbox"/> HAVE <input checked="" type="checkbox"/> HAVE NOT ELECTED TO PARTICIPATE IN THE RETIRED SERVICEMAN'S FAMILY PROTECTION PLAN.	b. MONTH AND YEAR OF ELECTION	c. SERVICE NO. AT TIME OF ELECTION 034 337
--	-------------------------------	--

15. STATEMENT WITH RESPECT TO ENTITLEMENT TO RECEIVE RETIRED PAY (Statutory references on reverse)

- (1) I ☐ have ☒ have not been convicted of any offense involving the National Security.
- (2) I ☐ have ☒ have not failed or refused to testify before a Federal Grand Jury, court of the United States, court-martial, or congressional committee in connection with any matter endangering the National Security, or defense of the United States, or any relationship I have or have not had with a foreign government.
- (3) I ☐ have ☒ have not knowingly and willfully made false, fictitious or fraudulent statements or concealed any material fact with respect to affiliation with, or support of, an organization advocating the overthrow of the United States, or the right to strike against the government of the United States.

(If answer to Paragraph (1), (2) or (3) above is in the affirmative, attach detailed explanation.)

I MAKE THE FOREGOING STATEMENTS WITH FULL KNOWLEDGE OF THE PENALTY FOR MAKING A FALSE STATEMENT (18 U.S.C. 287, 1001 provides for a penalty of not more than \$10,000 fine or not more than 5 years imprisonment or both.)

SOCIAL SECURITY NUMBER [REDACTED]	FULL SIGNATURE OF APPLICANT (First Name - Middle Initial - Last Name) Charles C Underwood
DATE 30 Apr 72	

COMPUTATION OF SERVICE FOR RETIREMENT AND BASIC PAY PURPOSES

1. PERIODS OF ACTIVE FEDERAL SERVICE FOR VOLUNTARY RETIREMENT PURPOSES (Chronological Order) (Title 10, USC, Sec 3926)

ENLISTED WARRANT OFFICER COMMISSIONED	COM- PO- NENT	FROM			TO			TIME LOST UNDER UCMJ			TOTAL (Less time lost)			PERIODS OF ACTIVE FEDERAL COMMD SVC		
		YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEARS	MONTHS	DAYS	YEARS	MONTHS	DAYS	YEARS	MONTHS	DAYS
COMM	USAR	39	6	17	39	6	30				0	0	14	0	0	14
"	"	39	7	14	39	7	27				0	0	14	0	0	14
"	"	40	7	5	40	7	18				0	0	14	0	0	14
"	"	41	7	15	46	7	18				5	5	4	5	5	4
"	RA	46	7	19	72	7	29				25	7	12	25	7	12
		72	3	1	72	4	30				-	2	-	-	2	-

See Ann 30 Dec 72 TOTAL SERVICE FOR RETIREMENT 30 14 58 30 14 58
 30 YRS 27 DEC 71 CONVERTED TO YEARS, MONTHS, DAYS 31 3 28 31 3 28

2. YEARS OF SERVICE AS DEFINED IN TITLE 10, USC, SECTION 3927

Dec 19 JUL 1946 DATE OF RA APPOINTMENT *28 JUN 46*

	MALE OFFICERS APT IN RA BETWEEN 28 DEC 45 & 31 DEC 47 & WAC OFFICERS APT PRIOR TO 1 JUN 49	YEARS MONTHS DAYS		
		YEARS	MONTHS	DAYS
a.	ACTIVE COMMISSIONED SERVICE IN REGULAR ARMY			
	SERVICE CREDITED ON DATE OF APPOINTMENT			
	TOTAL			
b.	OFFICERS OTHER THAN (a) ABOVE APPOINTED IN REGULAR ARMY PRIOR TO 31 DEC 1947			
	ACTIVE COMMISSIONED SERVICE IN REGULAR ARMY <i>thru 29 FEB 1972</i>	25	7	12
	ACTIVE COMMISSIONED SERVICE AFTER AGE 21 FROM 7 DEC 1941 TO RA APPOINTMENT	4	6	21
	TOTAL	30	2	3
c.	OFFICERS APPOINTED IN REGULAR ARMY SUBSEQUENT TO 31 DEC 1947			
	ACTIVE COMMISSIONED SERVICE IN REGULAR ARMY			
	ACTIVE COMMISSIONED SERVICE AFTER AGE 21 FROM 31 DEC 1947 TO RA APPOINTMENT			
	TOTAL			
d.	JAG-C OFFICERS APPOINTED CAPTAIN FROM RESERVE JUDGE ADVOCATES UNDER PROVISIONS SECTION 240, NDA, AS AMENDED USE COMPUTATION (a) OR (b) ABOVE WHICHEVER IS GREATER			
	TOTAL			

3. "ACTIVE SERVICE" AS DEFINED IN TITLE 10, USC, SECTION 1208

(Use total shown below or total shown in Item 2, whichever is greater)

	TYPE OF SERVICE	YEARS MONTHS DAYS		
		YEARS	MONTHS	DAYS
	ENTER TOTAL ITEM 1 ABOVE			
	OTHER TRAINING & DUTY PERIODS, CREDITED UNDER TITLE 10, USC, SEC 1208			
	TOTAL			

4. PERIODS OF SERVICE CREDITABLE IN COMPUTATION OF BASIC PAY (Chronological Order)

ENLISTED WARRANT OFFICER COMMISSIONED	COMPONENT	FROM			TO			TOTAL (Less time lost)		
		YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEARS	MONTHS	DAYS
COMM	USAR/RA	39	6	3	72	2	29	32	8	28
		72	3	1	72	4	30	-	2	-

TOTAL SERVICE FOR BASIC PAY *2-14-05*

CONVERTED TO YEARS, MONTHS, DAYS *Basic*

COMPUTED BY *Don'ton*

DATE *8 JAN 70*

REVIEWED BY *Brage*

DATE

8 JAN 1970

3919

29 FEB 72

STATEMENT OF SERVICE - RETIREMENT OF REGULAR ARMY OFFICERS AND RESERVE COMPONENT OFFICERS UNDER TITLE 10, USC

(AR 635-130)

(AR 635-40A) 559 N'

1. LAST NAME - FIRST NAME - MIDDLE NAME UNDERWOOD, CHARLES C	2. DATE OF BIRTH 6 OCT. 1917	3. SERVICE NUMBER 034337	4. COMPONENT INF
5. HOME ADDRESS UPON RETIREMENT		6. TYPE OF RETIREMENT <input type="checkbox"/> AGE <input type="checkbox"/> SERVICE <input type="checkbox"/> DISABILITY	
		7. DATE OF APPLICATION	8. RETIREMENT REQUESTED (Effective)

Items 9 thru 13 applicable to Regular Army officers only

9. LIST ALL GRADES HELD WHICH ARE HIGHER THAN APPLICANT'S PRESENT GRADE. SHOW DATES OF PROMOTION OR REDUCTION. IF ADMINISTRATIVE ACTION WAS TAKEN, INDICATE WHETHER FOR MISCONDUCT, INEFFICIENCY, ETC.

GRADE	FROM	TO	ADMINISTRATIVE ACTION
* COL (RA)	30 DEC 67	5th ann 30 DEC 72	1598

10. SERVED PRIOR TO 12 NOVEMBER 1918 IN MILITARY OR NAVAL SERVICE <input type="checkbox"/> YES <input type="checkbox"/> NO	11. SERVING AS PERMANENT PROFESSOR AT UNITED STATES MILITARY ACADEMY <input type="checkbox"/> YES <input type="checkbox"/> NO
12. SERVED 4 YEARS AS PRESIDENT OF MISSISSIPPI RIVER COMMISSION <input type="checkbox"/> YES <input type="checkbox"/> NO	13. DATE OF COMPLETION OF 30-YEARS OF SERVICE - TOTAL ACTIVE SERVICE PLUS TIME ON RETIRED LIST (Applicable to Warrant Officers retiring for age or service)

Items 14 and 15 applicable to Reserve Component officers only

14. PRESENT AUS GRADE	DATE OF PROMOTION	15. PERMANENT RESERVE GRADE	DATE OF APPOINTMENT

REMARKS

07-12-41

* Para 17, SE 254, 29 DEC 67

7. Yes

8. 1 March 1972

COMPILED BY

DATE

REVIEWED BY

DATE

Department of the Treasury—Internal Revenue Service
Employee's Withholding Exemption Certificate

Type or print full name

CHARLES CALVIN UNDERWOOD

Social security number

Home address (Number and street or rural route)

City or town, State and ZIP code

Marital status—check one (if married but legally separated, or spouse is a nonresident alien, check "Single"): ☐ Single ☐ Married

If you expect to owe more tax than will be withheld, you may either claim fewer or zero exemptions or ask for additional withholding on line 8.

1 Personal exemption for yourself. Write "1" if claimed	1
2 If married, personal exemption for your wife (or husband) if not separately claimed by her (or him). Write "1" if claimed	1
3 Special withholding allowance. ¹ (See instruction 2.) Write "1" if claimed	
4 Exemptions for age and blindness (applicable only to you and your wife but not to dependents):	
(a) If you or your wife will be 65 years of age or older at the end of the year, and you claim this exemption, write "1"; if both will be 65 or older, and you claim both of these exemptions, write "2"	
(b) If you or your wife are blind and you claim this exemption, write "1"; if both are blind, and you claim both exemptions, write "2"	
5 Exemptions for dependents. (Do not claim an exemption for a dependent unless you are qualified under instruction 5.)	1
6 Additional withholding allowances for itemized deductions. See table on reverse	1
7 Add the exemptions and allowances (if any) which you have claimed above and enter total	4
8 Additional withholding per pay period under agreement with employer	\$

Under the penalties of perjury, I certify that the number of withholding exemptions and allowances claimed on this certificate does not exceed the number to which I am entitled.

(Date) 30 Mar

1972

(Signed)

Charles C. Underwood

(Instructions may be detached after form is completed.)

Reminder to:

Employee.—If you had no tax liability last year and anticipate none for this year, you may be exempt from income tax withholding by filing Form W-4E with your employer.

Employer.—If you believe the employee claimed too many exemptions, advise your District Director.

Instructions

1. Number of Exemptions.—You may claim all the exemptions and allowances to which you are entitled. However, you may not claim the same exemptions and allowances with more than one employer at the same time. That is, if you are employed by more than one employer, you must allocate the total number of exemptions and allowances to which you are entitled on the separate Forms W-4 filed with each employer.

Similarly, if you and your wife (or husband) are both employed, you and she (or he) must allocate the total number of exemptions and allowances to which you both are entitled.

Nonresident aliens other than residents of Canada, Mexico, or Puerto Rico may claim only one personal exemption.

2. Special Withholding Allowance.—Each single person, and each married person whose spouse is not also employed, is entitled to one "special withholding allowance." This allowance may not be claimed by either husband or wife when both are employed or by any employee who has two or more concurrent jobs.

3. Itemized Deductions.—If you itemize your deductions and do not have large non-wage income, the amount of tax withheld may exceed your tax liability at year end. For this reason see the table on the back to determine if you are entitled to claim additional withholding allowances based on your estimated itemized deductions. Caution: If your estimated deduc-

tions are less than the amount shown in the "0" column of the table, you can generally avoid having too little tax withheld by claiming one fewer withholding exemption or allowance for each \$750 by which your estimated deductions fall short of the amount in the "0" column.

4. Changes in Exemptions or Allowances.—You may file a new W-4 at any time if the number of your exemptions increases.

You must file a new W-4 within 10 days if the number of exemptions you previously claimed decreases. Examples of situations in which the number of your exemptions would decrease are as follows:

(a) You and your wife (or husband) for whom you have been claiming an exemption are divorced or legally separated.

(b) Your wife (or husband) for whom you have been claiming an exemption claims her (or his) own exemption on a separate certificate.

(c) You no longer expect to furnish more than half the support for the year of a dependent for whom you have been claiming an exemption.

(d) You find that a dependent for whom you claimed an exemption will receive \$750 or more of income of his own during the year (except your child who is a student or who will be under 19 years of age at the end of the year).

(e) You have been claiming additional withholding allowances for estimated itemized deductions from Part II—married employees (when spouse is not employed)—and when your spouse begins employment, you find that a smaller number of additional withholding allowances is authorized under Part II—married employees (when both spouses are employed).

The death of a spouse or a dependent does not affect your withholding until

the next year, but requires the filing of a new W-4. If possible, file a new W-4 by December 1 of the year in which the death occurs. If you qualify as a surviving spouse with dependent child (children), you may claim "married" status (see check box at top of form) for the two years following the year of death of your spouse.

5. Dependents.—Each dependent claimed on line 5 must meet all of the following tests:

(a) **Income.**—Will receive less than \$750 income. (If the child² will be under 19 at the end of the year or is a full-time student, this limitation does not apply.)

(b) **Support.**—Will receive more than half of his support from you (from husband or wife if a joint return is filed).

(c) **Married Dependents.**—Dependent will not file a joint return with husband or wife.

(d) **Nationality.**—Be either a citizen or resident of the U.S. or a resident of Canada, Mexico, the Republic of Panama or the Canal Zone; or be an alien child adopted by and living with a U.S. citizen abroad.

(e) **Relationship.**—(1) Be related to you as follows:

Child ²	Stepbrother	Son-in-law
Stepchild	Stepfather	Daughter-in-law
Mother	Stepmother	The following if related by blood—
Father	Stepfather	Uncle
Grandparent	Mother-in-law	Aunt
Brother	Father-in-law	Nephew
Sister	Brother-in-law	Niece
Grandchild	Sister-in-law	

or, (2) be a member of your household and have your home as his principal residence for the entire taxable year.

¹ This is the "standard deduction allowance" under the tax law. It may be claimed whether the employee plans to claim the standard deduction or to itemize deductions on his tax return.

² Includes a child or stepchild who is a member of your household and who is a full-time student or a foster child who is a member of your household for the entire year.

1. NAME (Last, First, Middle Initial), SERVICE NUMBER/SOCIAL SECURITY NUMBER, GRADE

DEPENDENT MEDICAL CARE
AND
DD FORM 1173 STATEMENT

Underwood, Charles C
COL, [REDACTED]

INSTRUCTIONS FOR PREPARATION AND
DISPOSITION IN SECTION III.

2. DATE OF PREPARATION

30 April 1972

SECTION I - DEPENDENT MEDICAL CARE STATEMENT

3. I STATE: (Check appropriate box and complete "b" if applicable)

a. ☐ I DO NOT HAVE A DEPENDENT RECEIVING MEDICAL CARE IN A UNIFORMED SERVICES MEDICAL FACILITY OR CIVILIAN CARE UNDER THE UNIFORMED SERVICES HEALTH BENEFITS PROGRAM.

b. ☒ THE FOLLOWING INFORMATION IS FURNISHED PERTAINING TO EACH OF MY DEPENDENTS RECEIVING MEDICAL CARE IN A UNIFORMED SERVICES MEDICAL FACILITY OR CIVILIAN MEDICAL CARE UNDER THE UNIFORMED SERVICES HEALTH BENEFITS PROGRAM.

NAME OF DEPENDENT	RELATIONSHIP	NAME AND ADDRESS OF SERVICE OR CIVILIAN MEDICAL FACILITY (Include ZIP Code)	NAME AND ADDRESS OF CIVILIAN PHYSICIAN (if applicable) (Include ZIP Code)
General R Underwood	Wife	Tripler Gen Hosp Hawaii	

SECTION II - DD FORM 1173 (UNIFORMED SERVICES IDENTIFICATION AND PRIVILEGE CARD) STATEMENT

4. I AM UNABLE TO SURRENDER DD FORMS 1173 ISSUED TO MY DEPENDENTS DUE TO THE FOLLOWING CIRCUMSTANCES:

5. I STATE: (Check applicable box)

a. (PERSONNEL BEING SEPARATED BY OTHER THAN RETIREMENT)

b. (RETIREE)

☐ I UNDERSTAND THAT AFTER 2400 HOURS ON THE EFFECTIVE DATE OF MY SEPARATION, MY DEPENDENTS WILL NOT BE ELIGIBLE FOR MEDICAL CARE AT UNIFORMED SERVICES FACILITIES OR FOR CIVILIAN MEDICAL CARE UNDER THE UNIFORMED SERVICES HEALTH BENEFITS PROGRAM.

☒ I UNDERSTAND THAT THE GOVERNMENT'S RESPONSIBILITY FOR CHARGES INCIDENT TO CIVILIAN MEDICAL CARE OF MY DEPENDENTS WILL BE AS ESTABLISHED FOR DEPENDENTS OF RETIRED MEMBERS.

6. SHOULD DD FORMS 1173 BE LOCATED, I WILL RETURN THEM BY MAIL TO THE HEADQUARTERS OF THE PARENT SERVICE.

7. SIGNATURE OF SEPARATEE

Charles C Underwood

SECTION III - INSTRUCTIONS FOR PREPARATION AND DISPOSITION

8. PREPARATION

a. SECTION I, DEPENDENT MEDICAL CARE STATEMENT, will be completed by all individuals who are being separated or released from active duty. Members retiring will complete item 3b only if dependents are receiving civilian medical care under the Health Benefits Program.

b. SECTION II, DD FORM 1173 STATEMENT, will be completed by all individuals being separated who are unable to surrender all DD Forms 1173 issued to their dependents.

c. Form will be prepared in original copy only.

d. Item 1 will be completed by use of Standard Personnel Addressing Machine Plate, other personnel plate, or typewriter when the use of the plate has not been authorized.

9. DISPOSITION

a. When an individual checks box 3b, commander effecting separation or retirement will comply with the provisions of the Joint Regulations, "Uniformed Services Health Benefits Program," (AR 40-121/SECNAV INST 6320.8C/AFR 168-9/PHS GEN. CIR. No. 6/CG COMDTINST 6320.2A) regarding notification to (1) the uniformed services medical facility concerned (other than retirement) or (2) the Executive Director, Office for Civilian Health and Medical Program of the Uniformed Services or oversea commander, as appropriate.

b. Item 6-When an individual cannot produce a DD Form 1173

issued to his dependents due to refusal of the dependent to surrender the DD Form 1173, commander effecting separation or retirement will forward a letter of particulars, including address of the dependent, to the Headquarters of the parent service.

c. This form will be disposed of as indicated below. When action is taken in accordance with paragraph 9a above, a copy of the action will be attached to this form for filing.

(1) For Army personnel, file as a permanent document in individual's Personnel Records Jacket (DA Form 201).

(2) For Navy personnel, forward to Chief of Naval Personnel (Pers-E).

(3) For Air Force personnel, file as a permanent document in individual's personnel records.

(4) For Marine Corps personnel, file in the Service Record Book or Officer Qualification Jacket, as appropriate.

(5) For Coast Guard personnel; enlisted, file as permanent document in individual's Service Record; officer, forward to Commandant (PO).

(6) For Environmental Science Services Administration personnel, file as a permanent document in the Personnel File of the individual.

**SERVICEMAN'S STATEMENT CONCERNING APPLICATION FOR
COMPENSATION FROM THE VETERANS ADMINISTRATION (VA Form 21-526e)**

For use of this form, see AR 635-10; the proponent agency is Office of Personnel Operations.

DATE

PLACE OF SEPARATION (Hospital or other separation activity)

US Army Personnel Center, Schofield Barracks, Hawaii

INSTRUCTIONS

Each officer and enlisted person being processed for separation from active military service for any reason who has undergone prolonged hospitalization, or suffered from wounds, injury or disease while in service, is advised to apply for compensation from the Veterans Administration by completing VA Form 21-526e. Each individual who had a physical defect when he entered the service which he feels was aggravated by military service should file VA Form 21-526e. You are further advised that, if you do not apply for compensation from the Veterans Administration by completing VA Form 21-526e at the time of separation, you may do so at any time thereafter; that, if you do intend to file, it is advisable to do so before you leave the service as at that time your medical records are more easily obtainable and action by the Veterans Administration on your claim will be expedited thereby; and that filing VA Form 21-526e will in no way delay your separation. When you have read the above paragraph, place your initials at the end of this sentence. *CU*

I AM BEING PROCESSED FOR SEPARATION FROM THE ARMY AND HAVE BEEN ADVISED THAT I AM ENTITLED TO FILE AN APPLICATION FOR COMPENSATION FROM THE VETERANS ADMINISTRATION.

☐ I HAVE FILED AN APPLICATION FOR SUCH COMPENSATION ON VA FORM 21-526E.

☒ I HAVE DECIDED NOT TO FILE AN APPLICATION FOR SUCH COMPENSATION AT THIS TIME. I UNDERSTAND THAT I MAY DO SO AT A LATER DATE.

NAME, GRADE, AND SERVICE NO. (Addressograph plate may be used in this space.)

CHARLES C. UNDERWOOD, COL, [REDACTED]

SIGNATURE OF INDIVIDUAL BEING SEPARATED

Charles C. Underwood

PREPARATION AND DISTRIBUTION

ORIGINAL will be prepared in all cases. Attach to SF 88 and forward to The Adjutant General with personnel records.

DUPLICATE will be prepared in all disability separations regardless of whether VA Form 21-526e is prepared, and in all other types of separations only when VA Form 21-526e is prepared. Attach to #4 copy of DD Form 214 for disposition in accordance with Section III, AR 635-5.

VETERANS ADMINISTRATION					FOR VA USE ONLY	
VETERAN'S APPLICATION FOR COMPENSATION OR PENSION AT SEPARATION FROM SERVICE					1. FILE NUMBER	
2A. LAST NAME—FIRST NAME—MIDDLE NAME OF VETERAN (Type or print)			2B. SERVICE NUMBER		2C. SOCIAL SECURITY NUMBER	
UNDERWOOD, Charles Calvin						
NOTE: Items 3A through 5B to be completed if you had prior service in the Army, Navy, Air Force, Marine Corps or Coast Guard.						
ENTERED SERVICE		3C. SERVICE NO.	SEPARATED FROM SERVICE		3F. GRADE AND ORGANIZATION	3G. BRANCH OF SERVICE
3A. DATE	3B. PLACE		3D. DATE	3E. PLACE		
2-8-41	San Antonio, TX	378597 34337			COL	Army
4A. IF YOU SERVED UNDER ANOTHER NAME, GIVE NAME UNDER WHICH YOU SERVED					4B. PERIOD DURING WHICH YOU SERVED	
5A. IF RESERVIST OR NATIONAL GUARDSMAN, GIVE PERIODS OF ACTIVE DUTY					5B. BRANCH OF SERVICE	
6. NATURE OF SICKNESS, DISEASES OR INJURIES FOR WHICH CLAIM IS MADE AND DATE EACH BEGAN						
INTERVERTEBRAL DISC SYNDROME 1968 LOSS HEARING - HIGH FREQUENCY 1959						
LUMBOSACRAL STRAIN, CHRONIC 1959						
PROSTATE GLAND HYPERTROPHY 1962						
HYPERTENSIVE VASCULAR DISEASE 1954						
NOTE: Items 7A through 7C to be completed if you received any treatment while in service.						
7A. NAME, NUMBER OR LOCATION OF HOSPITAL, FIRST AID STATION, DRESSING STATION OR INFIRMARY			7B. DATES OF TREATMENT	7C. NATURE OF SICKNESS, DISEASE OR INJURY		
Brooke Army Hosp - San Antonio TX See Med. Records. (Various clinics & Hosp.) - do -			1962 1954 to Present 1959 to "	PROSTATE GLAND HYPERTENSIVE VASCULAR DISEASE BACK CONDITION		
NOTE: Items 8A through 8D to be completed if you had treatment by civilian physicians for any disease or injury prior to or during your service.						
8A. NAME OF CIVILIAN PHYSICIAN		8B. PRESENT ADDRESS		8C. DISABILITY		8D. DATE
ND						
NOTE: Items 9A through 9D to be completed showing persons who know any facts concerning any sickness, disease or injury which you had prior to or during your service.						
9A. NAME		9B. PRESENT ADDRESS		9C. DISABILITY		9D. DATE
ND						
10A. HAVE YOU EVER HAD A MEDICAL EXAMINATION FROM ANY U. S. GOVERNMENT CIVILIAN AGENCY?		10B. DATE EXAMINED		10C. NAME AND LOCATION OF AGENCY		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "Yes," complete 10B and 10C)						
11A. HAVE YOU EVER FILED A CLAIM FOR COMPENSATION FROM THE U. S. BUREAU OF EMPLOYEES' COMPENSATION? (Formerly the U. S. Employees' Compensation Commission)		11B. UPON DISCHARGE, ARE YOU TO BE FURNISHED HOSPITALIZATION BY THE VETERANS ADMINISTRATION? (If "Yes," fill in 11C)		11C. NAME AND ADDRESS OF HOSPITAL		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO				
12A. HAVE YOU EVER APPLIED FOR OR RECEIVED DISABILITY SEVERANCE PAY FROM THE ARMED FORCES?				12B. AMOUNT		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "Yes," fill in 12B)				\$		
13A. HAVE YOU EVER RECEIVED A LUMP SUM READJUSTMENT PAYMENT FROM THE ARMED FORCES?				13B. DATE RECEIVED		13C. BRANCH OF SERVICE
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "Yes," fill in 13B and 13C)						
14A. HAVE YOU EVER APPLIED FOR BENEFITS FROM THE VETERANS ADMINISTRATION?				14B. NAME THE BENEFIT		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "Yes," fill in 14B, 14C, and 14D)						
14C. VETERANS ADMINISTRATION OFFICE WHERE APPLICATION WAS FILED				14D. CLAIM NO. ASSIGNED (If known)		
				C-		

15. STATUS (Check one) <input checked="" type="checkbox"/> MARRIED (If so, do not complete 1b through 20D) <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED		16. NUMBER OF TIMES YOU HAVE BEEN MARRIED 1	17. NUMBER OF TIMES YOUR PRESENT SPOUSE HAS BEEN MARRIED 1
FURNISH THE FOLLOWING INFORMATION ABOUT EACH OF YOUR MARRIAGES			
18A. DATE AND PLACE OF MARRIAGE 3-45 ANTONIO, TX	18B. TO WHOM MARRIED Geneva R. Sullivan	18C. HOW MARRIAGE TERMINATED (Death, divorce) -	18D. DATE AND PLACE TERMINATED -
FURNISH THE FOLLOWING INFORMATION ABOUT EACH PREVIOUS MARRIAGE OF YOUR PRESENT SPOUSE			
19A. DATE AND PLACE OF MARRIAGE -	19B. TO WHOM MARRIED -	19C. HOW MARRIAGE TERMINATED (Death, divorce) -	19D. DATE AND PLACE TERMINATED -
20A. DO YOU LIVE TOGETHER? <input type="checkbox"/> NO (If "NO," fill in 20B, 20C and 20D)	20B. REASON FOR SEPARATION -	20C. AMOUNT YOU CONTRIBUTE TO YOUR WIFE'S SUPPORT MONTHLY \$	20D. PRESENT ADDRESS OF SPOUSE -
21. OF YOUR LIVING UNMARRIED CHILDREN WHO IS: (A) UNDER 18 YEARS OLD OR (B) OVER 18 AND UNDER 23 YEARS AND ATTENDING SCHOOL, OR (C) CHILD OF ANY AGE WHO BECAME PERMANENTLY INCAPABLE OF SELF-SUPPORT DUE TO PHYSICAL OR MENTAL ILLNESS BEFORE AGE 18.			
21A. FULL NAME OF CHILD M. UNDERWOOD	21B. DATE OF BIRTH (Month, day, year) 8/25/57	21C. PLACE OF BIRTH Heidelberg, Germany	21D. NAME AND ADDRESS OF PERSON HAVING CUSTODY OF CHILD Self & wife
If any child above is over 18 years old identify in Item 26, "Remarks," and indicate whether attending school or permanently incapable of self-support.			
22A. IS YOUR FATHER DEPENDENT UPON YOU FOR SUPPORT? <input checked="" type="checkbox"/> NO (If "Yes," fill in 22B)		22B. NAME AND ADDRESS OF DEPENDENT FATHER -	
23A. IS YOUR MOTHER DEPENDENT UPON YOU FOR SUPPORT? <input checked="" type="checkbox"/> NO (If "Yes," fill in 23B)		23B. NAME AND ADDRESS OF DEPENDENT MOTHER -	
24. PRESENT ADDRESS OF NEAREST RELATIVE WA R. UNDERWOOD Palm Circle, H. SHAFER, 96558		25. IF CLAIM IS FILED IN BEHALF OF AN INCOMPETENT VETERAN, DOES THE VALUE OF HIS ESTATE EQUAL OR EXCEED \$1,500? <input type="checkbox"/> YES <input type="checkbox"/> NO	
26. (Key answers to item numbers. Use a separate sheet, if necessary)			
CERTIFICATION			
I CERTIFY that the foregoing statements are true and complete to the best of my knowledge and belief. I consent that any physician, surgeon, dentist or hospital that has treated me or examined me for any purpose, or that I have consulted professionally, may furnish to the Administration any information concerning myself and I waive any privilege which renders such information confidential.			
27. SIGNATURE OF CLAIMANT 21-72 Charles C. Underwood	28. ADDRESS OF CLAIMANT (No. and street or rural route, City or P.O., State and ZIP Code) Palm Circle, H. SHAFER, HZ APO 96558		
29. DATE 8/47/72		30. TELEPHONE NO. 847-2291	
NOTE: DD Form 214 and Standard Form 88 must accompany each application.			
The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false, or for the fraudulent acceptance of any payment to which you are not entitled.			

VETERANS ADMINISTRATION
AND
U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
FEDERAL HOUSING ADMINISTRATION

REQUEST FOR VERIFICATION OF EMPLOYMENT

INSTRUCTIONS: LENDER - Complete Items 1 thru 7. Have applicant complete Item 8. Forward directly to employer named in Item 1.

EMPLOYER - Please complete Items 9 thru 16 and return directly to lender named in Item 2.

PART I - REQUEST

1. TO (Name and address of employer) Finance Center U.S. Army Indianapolis, Indiana: 46249		2. FROM (Name and address of lender) MORTGAGE AND TRUST, INC. SUITE D-202 PETROLEUM CENTER 900 N. E. LOOP EXPRESSWAY SAN ANTONIO, TEXAS 78209	
3. SIGNATURE OF LENDER James R. Hooper	4. TITLE Loan Processing	5. DATE 5/1/72	6. FHA OR VA NUMBER
I have applied for a mortgage loan and stated that I am or was employed by you. My signature below authorizes verification of this information.			
7. NAME AND ADDRESS OF APPLICANT Charles C. Underwood, Quarters 17, Palm Circle Ft. Shafter, APO San Francisco, California		8. SIGNATURE OF APPLICANT ✓	

PART II - VERIFICATION

EMPLOYMENT DATA		PAY DATA	
9. IS APPLICANT NOW EMPLOYED BY YOU? (If "Yes", complete Items 9B, 10 and 11) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "No", complete Items 9B, 9C, 9D and 10)		12A. BASE PAY (Enter amount and check period) <input type="checkbox"/> ANNUAL <input type="checkbox"/> HOURLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> WEEKLY	
10. LENGTH OF APPLICANT'S EMPLOYMENT (If Military, enter total service) Over 30 years.		12B. EARNINGS LAST 12 MONTHS	
9C. DATE APPLICANT LEFT 30 apr 72		TYPE MONTHLY AMOUNT	
9D. REASON FOR LEAVING Retirement		BASE PAY \$ 1443.90	
11. POSITION OR JOB TITLE Colonel, US Army		RATIONS \$	
12. PROBABILITY OF CONTINUED EMPLOYMENT N/A.		FLIGHT OR HAZARD \$	
		CLOTHING \$	
		COMMISSIONS \$	
		QUARTERS \$	
		PRO PAY \$	
		OVER SEAS OR COMBAT \$	

13. REMARKS

Officer Retired from U.S. Army.
30 apr 72

The above information is provided in strict confidence in response to your request.		
14. SIGNATURE OF EMPLOYEE [Signature]	15. TITLE Maj, ABG, Asst AG	16. DATE 4 May 72
THE INFORMATION ON THIS FORM IS CONFIDENTIAL. IT IS TO BE TRANSMITTED DIRECTLY, WITHOUT PASSING THROUGH THE HANDS OF THE APPLICANT OR ANY OTHER PARTY.		

DEPARTMENT OF THE ARMY
HEADQUARTERS UNITED STATES ARMY, HAWAII
APO San Francisco 96557

HCPA-PA UNDERWOOD, CHARLES C
LETTER ORDERS NUMBER 04-322

28 April 1972

SUBJECT: Travel Orders (HOSTWOY)

Indiv Concerned

TC 410. Upon call of the Army terminal commander, the following individual is authorized to proceed to destination indicated for the purpose of establishing residence upon retirement/discharge.

UNDERWOOD, CHARLES C [REDACTED] COL 1542 17 Palm Circle Ft Shafter HI

ADMINISTRATIVE ACCOUNTING DATA

Auth: Para M4158, Joint Travel Regulations and DAAG-PSS-R LO D4-366 from
Office of the AG Wash DC 10 Apr 72

PCS MDC: 7F02

CIC: 221A01/02

Status: Retirement

FOR THE INDIVIDUAL

Destination: San Antonio, Texas

Effective date: 30 Apr 72


Travel data: Report to Transportation Personnel Movements Division
(Bldg S330 Fort Shafter or Bldg 361 Schofield Barracks)
between 0830-1530 Mon thru Fri for booking

Special Instructions: (a) Comply with the following numbered items of DA
Supplemental Instructions: 14,25,32,33,62

(b) Comply with the following lettered items of
Local Supplemental Instructions: ad,af

(c) Dependents: GENEVA R SSN Unk NA Wife
JAMES M 25 Aug 57 son

FOR THE COMMANDER:


DONALD W. GILBERT
1LT, AGC
Asst AG



HCPA-PA UNDERWOOD, CHARLES C
LETTER ORDERS NUMBER 04-322
SUBJECT: Travel Orders (HOSTWOY)

28 April 1972

DISTRIBUTION:

50-Indiv Concerned

- 4 - HCPA-AM
- 3 - HCCR-PA (FS)
- 1 - HCPA-PA
- 1 - HCTC
- 1 - FS Fam Hsg

60





DEPARTMENT OF THE ARMY

OFFICE OF THE ASSISTANT CHIEF OF STAFF FOR INTELLIGENCE

WASHINGTON, D.C. 20310

SUBJECT: Assignment and Travel Restriction

TO: SEE DISTRIBUTION

1. References:

- () a. DOD Dir S-5200.17 (M-2)
- () b. DOD Dir S-5001.2 (M-1)
- () c. DOD Instr S-5210.51 (M-1)
- () d. AR 380-35
- () e. AR 614-31
- () f. AR 614-32

2.

Name Grade SSAN Career Branch

has been indoctrinated/debriefed and placed under an assignment/travel restriction in accordance with references checked in paragraph 1 above.

3. Request appropriate personnel records be annotated to reflect the following:

() a. Subject is under a continuing duty and travel restriction until such time as he is debriefed. Upon being debriefed, a specific expiration date will be designated.

() b. Subject is under a duty and travel restriction, in accordance with the following until _____ :

Date

DOD Dir S-5200.17 (M-2) _____ year(s)

DOD Dir S-5001.2 (M-1) _____ year(s)

DOD Instr S-5210.51 (M-1) _____ year(s)

() C. No duty and travel restriction imposed.

4. A copy of this letter should be retained in the individuals personnel file. A copy has been furnished the individual concerned.

FOR THE ASSISTANT CHIEF OF STAFF FOR INTELLIGENCE:

Distribution:

USASSG, ACSI, DA

OPO-OPD, ATTN: OP _____ (Off Pers Only)

OPO-EPD, ATTN: EPADR _____ (Sr Enl Pers Only)

COP Indiv Pers Record Jacket (Civ Pers Only)

Military Personnel Record Jacket

Indiv concerned

I acknowledge receipt of a copy of this letter. I fully understand my responsibilities in regards to the assignment/travel restriction imposed.

Signature

Grade

SSAN

Career Branch



DEPARTMENT OF THE ARMY
OFFICE OF THE ADJUTANT GENERAL
WASHINGTON, D.C. 20314

DAAG-PSS-R Underwood, Charles C.

10 April 1972

LETTER ORDERS NUMBER D4-366

SUBJECT: Permanent Disability Retirement

COLONEL CHARLES C. UNDERWOOD INFANTRY

Headquarters, US Army Pacific
APO San Francisco 96558

TC 372. The above named individual having been determined to be PERMANENTLY unfit for duty by reason of disability incurred while entitled to receive basic pay, is RETIRED FROM ACTIVE SERVICE, relieved from assignment and duty, and placed on the RETIRED LIST, as indicated.

ADMINISTRATIVE ACCOUNTING DATA

Ret list: USA

Auth (Ret): 1201, 10, USC

Auth (Ret gr): 1372, 10, USC

SPN: 77M

PCS MDC: 7F02

Eff date (REFRAD): 30 Apr 72

FOR THE INDIVIDUAL

Date placed on the retired list: 1 May 72

Permanent grade: COL

Retired grade: COL

Percentage of disability: 40%

Special Instructions (Appendix B, AR 310-10): 83

BY ORDER OF THE SECRETARY OF THE ARMY:

J. Slone
Adjutant General



APPENDIX B

DEPARTMENT OF THE ARMY SUPPLEMENTAL INSTRUCTIONS TO ORDERS

(These instructions are an integral part of the basic order.)

1. Pursuant to a DOD directive individual is not authorized to enter into a rental or lease agreement for an apartment or trailer court facility without first consulting the housing officer servicing the installation or agency to which assigned. Individual will contact or communicate with either personally or thru an agent the housing referral officer of such individual designated by the commander of the installation or agency to which assigned who will provide current information concerning apartment or trailer court facilities which individual may not lease or rent because of unfavorable racial segregation practices. (MSG DA 889409)
2. Travel by rail, bus, ship or privately owned vehicle is authorized. (JTR)
3. Travel by privately owned vehicle authorized provided it does not interfere with reporting date. (JTR)
4. Travel by privately owned vehicle is authorized as more advantageous to the government. (JTR)
5. Travel by public carrier only is directed. (JTR)
6. Cat Z tourist accommodations directed when suitable for mission. (AR 59-41)
7. Travel by Cat A or Cat Z military air directed when available. (JTR)
8. Travel by military air outside CONUS directed when available. (JTR)
9. Use of hired conveyance, to include air taxi, is authorized in the vicinity where TDY is to be performed. (JTR)
10. Travel by extra fare aircraft and/or train is authorized when necessary to accomplish mission.
11. Mileage reimbursement and per diem limited to constructive costs of common carrier transportation and related per diem as determined in the Joint Travel Regulations. Travel time limited as indicated in Joint Travel Regulations.
12. Travel within and around TDY station authorized.
13. Authority is granted to make such changes in above itinerary and to proceed to such additional places as may be necessary for accomplishment of this mission.
14. Individual will report to local transportation officer upon receipt of orders for transportation to port and for issuance of DD Form 1482 (MAC Transportation Authority).
15. Use of transportation request and meal tickets directed. (JTR)
16. Transportation Request and meal tickets (as appropriate) will be furnished, upon request to the nearest Military Transportation Officer. (JTR)
17. Travel by military air authorized on space required basis to CONUS aerial port of debarkation for emergency leave only. Additional transportation will be at individual's expense. (JTR)
18. Transportation at Government expense authorized only on direct line, or by the most advantageous Government transportation between port of embarkation serving old duty station and port of debarkation serving new duty station. Individual will make travel arrangements at own expense while on leave and report to new duty station upon expiration of leave. (JTR)
19. Travel will be at no expense to the Government. (JTR)
20. Individual must have funds to pay cost of commercial round trip travel and must arrange transportation to return to parent unit by end of leave. Extension of leave based on lack of space available transportation will not be approved. (AR 55-28, AR 630-5)
21. Government quarters and mess will be used when available. (JTR)
22. In the event of unavoidable delay at air or water ports, students will be furnished quarters and subsistence at Government expense. (AR 145-30)
23. Enlisted member in receipt of separate rations should not pay for meals obtained in Government messing facility while in TDY status. Separate rations will be withdrawn during period of TDY. Authority to mess separately at TDY point is dependent on orders issued by commander at TDY point (DODPM).
24. Utilization of existing Government facility would adversely affect the performance of the assigned mission. (JTR)
25. Concurrent travel of dependents authorized. (AR 55-46)
26. Concurrent travel of dependents not authorized. (AR 55-46)
27. Overseas travel of dependents not authorized during this tour. (AR 55-46, AR 614-30)
28. Family separation allowance, shipment of household goods, and movement of dependents to a designated location is authorized. (JTR)
29. Movement of dependents and household goods to temporary duty station is not authorized at Government expense, except as prescribed in Part D, Chapter 8, Joint Travel Regulations. (AR 55-71)
30. Individual is advised that taking his dependents, privately owned vehicle and/or household goods to his training activity could cause him embarrassment, work a severe hardship on his dependents and interfere with his training assignment.
31. Shipment of hold baggage by air freight authorized. (JTR)
32. Shipment of household goods authorized. DA Pamphlet 55-2 applies. (AR 55-71)
33. Shipment of privately owned vehicle authorized. (AR 55-71)
34. Movement of dependents and household goods at Government expense not authorized. (AR 55-71)
35. Air baggage allowance: 66 lbs. (AR 55-71)
36. Air baggage allowance: 66 lbs plus 134 lbs excess. (AR 55-71)
37. Air baggage allowance: 66 lbs plus 34 lbs excess for official documents and equipments. (AR 55-71)
38. Air baggage allowance: 66 lbs plus required excess baggage for official documents and equipment. (AR 55-71)
39. Individual will insert a copy of his orders on the top inside of each piece of handcarried baggage and baggage to be checked.
40. Individual will determine clothing requirements for travel and new assignment prior to departure from losing organization. (AR 670-6, AR 700-84)
41. Individual may wear civilian clothing while in travel status. (AR 59-12)
42. Appropriate civilian clothing will be worn. (AR 670-6)
43. Civilian clothing is desirable for off-duty hours. (AR 670-6)
44. Individual will not depart home station until port call instructions are received.

45. If no port call is received ten days prior to availability date, contact nearest Army installation, referring to Port Call Control Number and request assistance and instructions. If no port call is received by the reporting date, send collect TWX to US Army Oversea Replacement Station to which assigned requesting assistance and instructions.
46. Port call will be obtained by CO of TDY station. (AR 55-28)
47. Upon arrival at leave address contact nearest Army Installation for port call assistance. (AR 55-28)
48. If assistance is required while in CONUS, correspond directly with OPO, EPD ATTN: EPPAC, Pentagon, Washington, D.C. 20310. Include a copy of these orders together with a medical statement and/or documents to support your case. If an unexpected emergency should arise, call Area Code 202, OXford 70621 between 0800 and 1600 hours for assistance. Between 1630 and 0800 hours and on weekends or holidays, call OXford 57941 or OXford 50163. (AR 630-5)
49. Individual will contact appropriate US Army returnee-reassignment station, if not processed by a US Army returnee reassignment processing team at port of debarkation. (AR 612-5)
50. Individual may report earlier than date specified and leave charged will be reduced accordingly.
51. Individual will report between 0800-1700 hours on scheduled reporting date.
52. All travel time to and from CONUS and overseas aerial ports in duty status on non-per diem basis. (JTR)
53. EM traveling under permissive reassignment at no expense to the Government. Travel time will be charged to accrued leave. (JTR)
54. Any time between availability date and port call date is chargeable as leave. (AR 55-28)
55. Individual designated a courier. (AR 66-5)
56. Individual authorized to carry sidearms for the protection of material affecting the national security. (AR 66-5)
57. Use of inclosed accommodations of lowest rate room available which meets military needs and any added transportation that may be required under rail carrier's tariffs for exclusive occupancy of room is authorized for the purpose of security. (JTR)
58. Firearms, ammunition, or any kind of explosive or incendiary device is prohibited in personal baggage on military aircraft. (AR 55-355)
59. The introduction, purchase and possession of privately owned weapons is prohibited in RVN. (AR 55-71)
60. NATO travel order required. (AR 310-10)
61. Passports and/or visas required. (Comply with AR 600-290)
62. Individual will insure immunizations are current prior to departure. (AR 40-562)
63. Medical examination for individual and dependents and correction of medical and dental defects to meet fitness standards prescribed in AR 40-501 will be accomplished prior to departure from home station.
64. Individual desiring partial, advance or advance travel pay will apply to his unit commander immediately.
65. Locator cards and change of address cards will show ultimate destination as forwarding address. (AR 65-61)
66. Individual will carry all personnel records to TDY station. (AR 640-10)
67. Individual is a 2d RVN Tour Volunteer for specific organization. (AR 614-30)
68. Individual is a selected applicant for OCS. (AR 351-50)
69. Individual will not be diverted without approval of CG, USASA.
70. All commands through which this shipment passes will process individual(s) as attached.
71. Individual required to participate regularly and frequently in aerial flight as a crewmember. (AR 600-106)
72. Individual required to participate regularly and frequently in aerial flight as a non crewmember. (AR 600-106)
73. Current flying status continues in effect. (AR 600-106)
74. Individual authorized to continue wearing Army aviator badge. (AR 600-106)
75. These orders remain in effect after discharge and reenlistment without break in service unless sooner terminated. (AR 600-106)
76. If not sooner terminated, these orders are invalid 30 days after recall to active duty, upon reassignment to an inactive status within the Reserve Component, or separation from the Reserve Component. (AR 600-106)
77. Board will be convened at the direction of the President and proceedings conducted in accordance with applicable provisions of appropriate Army Regulation. The senior member present will be shown on board proceedings as President and the junior member will be shown as recorder without vote.
78. On the date oath of office is executed, you will telegraphically inform this headquarters as follows: "I executed oath of office for Regular Army appointment on (date) in compliance with your orders number () dated (). Signed: (name, social security account number, grade)."
79. Effective on entry on active duty, officer is appointed in the AUS grade equal to his USAR grade and such AUS appointment is considered to have been accepted effective the date of entry on active duty.
80. Additional pay authorized by Public Law 497 to Medical and Dental Corps Officers entering initially on active duty must be substantiated at first duty station by three copies of a document attesting to the dates of attendance at medical school or dental school. In addition, medical officers must have three copies of a certificate indicating completion of internship. Diplomas, transcripts, certificates or letters from the institution involved will suffice if entrance and completed dates are shown. Documents will not be returned.
81. Initial assignment to the ACTIVE DUTY ACCESSION DETACHMENT is for the purpose of strength accountability only. Travel of individual, dependents and shipment or household goods to the Active Duty Accession Detachment are not authorized. (DA Msg 20521, para 4.)
82. If individual fails to report for active duty/active duty for training as directed, he becomes liable to disciplinary action under the Uniform Code of Military Justice. (Title 10 USC, Sec 892)
83. Home of selection and completion of travel within 1 year, unless specific approval otherwise is authorized. (JTR)

DEPARTMENT OF THE ARMY
Headquarters, United States Army, Pacific
APO San Francisco 96558

SPECIAL ORDERS
NUMBER 72
EXTRACT

14 April 1972

2. TC 205. Following individual reassigned to Transfer Station or Transfer Point for separation processing and will proceed on PERMANENT CHANGE OF STATION as indicated below.

UNDERWOOD, CHARLES C. [REDACTED] COL P1542 HQ USARPAC (P1WOARAA) APO 96558 (IO) INF

ADMINISTRATIVE ACCOUNTING DATA

Auth: DALO D4-366 dtd 10 Apr 72
HOR: Amarillo, TX
PL EAD or OAD: Amarillo, TX
Maj Comd/Agcy: HQ USARPAC APO 96558
SPN: 77S
ETS: 30 April 1972
Component: RA
PCS MDC: NZ02

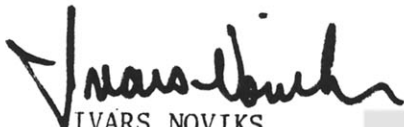
FOR THE INDIVIDUAL

Assigned to: USATRFSTA USAPERSCEN (WODFAA) Schofield Bks APO 96557
Reporting date: 26 April 1972
Special Instructions: Mail address: 17 Palm Circle, Ft Shafter, HI.

FOR THE COMMANDER IN CHIEF:

OFFICIAL:

STANLEY R. LARSEN
Lieutenant General, USA
Chief of Staff


IVARS NOVIKS
CPT, AGC
Asst AG

DISTRIBUTION:

45 - IO USARPAC (40 - indiv)
20 - HQ USARHAW Pers Svc Unit
2 - AG Pub Br (1-Rec Set)
1 - DCSINT Scty Div
1 - PMO FS Area
1 - FS Area Cmdr
1 - Postal Off APO 96557
1 - SB Bil Ofc APO 96557
1 - FS Bil Ofc APO 96558
1 - GPAG-PA
1 - FS Federal Credit Union
5 - USATRFSTA, USAPERSCEN, Schofield Bks APO 96557

SPECIAL DISTRIBUTION:

1 - HQDA (DAPO-EPIN) Washington,
DC 20310



DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY, PACIFIC
APO SAN FRANCISCO 96558

4 MAY 1972

SUBJECT: UNDERWOOD, Charles Calvin, COL US Army (RET), [REDACTED]

To Whom It May Concern:

Colonel Underwood entered active duty on 15 February 1941 and was on continuous duty until 30 April 1972.


Time Lost: None

Date of Birth: 6 October 1917

Social Security No: [REDACTED]

Enclosed is a copy of DD Form 214 pertaining to COL Underwood.

1 Incl
DD Form 214


CHARLES A. BYRD
Major, AGC
Asst AG



RETIRED PAY DIVISION FINANCE CENTER, U. S. ARMY INDIANAPOLIS, INDIANA 46249		REQUEST FOR INFORMATION AND/OR REPLY TO CORRESPONDENCE		DATE 23 June 1972
TO Col. Charles C. Underwood, Ret'd 17 Palm Circle Fort Shafter, Hawaii 96558		1. EFFECTIVE DATE 1 May 1972	2. MONTHLY RATE \$1449.90	
		3. AUTHORITY FOR RETIREMENT TITLE 10 USC SECTION 1201		
		4. REASON FOR RETIREMENT Permanent Disability		
5. NAME (LAST, FIRST, MIDDLE INITIAL) SOCIAL SECURITY NO. Underwood, Charles C. [REDACTED]		6. RETIRED PAY REDUCED - FROM TO		
8.		7. PERIOD		
		9. FORMS	10. SEVERANCE PAY	

YOUR ATTENTION IS INVITED TO PARAGRAPH(S) BELOW INDICATED BY "X"

- | | |
|--|--|
| <input type="checkbox"/> Request corrected statement of service for reason shown in block 8 (order correspondence is attached) | <input type="checkbox"/> Cannot be identified as receiving retired pay from this office. |
| <input type="checkbox"/> Request information whether member was retired because of combat incurred disability, wounds received in action or disability resulting from an instrumentality of war. | <input checked="" type="checkbox"/> Retired pay is payable for life except for retirement on account of temporary disability. Pay information is shown in blocks 1 through 4. |
| <input type="checkbox"/> Request verification of service number - years of service - for retirement - basic pay purposes - for reasons shown in block 8. | <input type="checkbox"/> Request for statement of service should be addressed to Commanding Officer
U. S. Army Administration Center
ATTN: AGAC-S
St. Louis, Missouri 63132 |
| <input type="checkbox"/> Request statement be furnished showing rates Veterans Administration compensation paid with inclusive dates of rates for the period shown in block 7. | <input type="checkbox"/> Verification of retired pay has been requested by agency shown in block 8 and is forwarded for your disposition. |
| <input type="checkbox"/> Advise whether Veterans Administration compensation or pension benefits are being received. Also furnish case (C-) number, and location of the VARO having custody of case. It is not necessary VA benefits be discontinued. Retired pay must be reduced by the amount of the award or discontinued if award is equal or in excess of retired pay. Pay information is shown in block 1 through 4. | <input type="checkbox"/> This office may not change your name until notice is received from the U. S. Army Administration Center, St. Louis, Missouri, 63132. Your correspondence has been forwarded to that office. |
| <input type="checkbox"/> Regulations prohibit furnishing pay information of retired personnel except to other Government agencies or when authorized by the retired member. Certification of pay-your correspondence - has been forwarded to member for disposition. | <input type="checkbox"/> Placed on - deleted from - retired list, retired pay reduced-effective with date shown in block 1, for reason shown in block 8, pay data as applicable shown in block 2, 3, 4 and 6. |
| <input type="checkbox"/> Individual did not elect to participate in the RSFPP. | <input type="checkbox"/> Removed from temporary disability retired list effective the date shown in block 1. Severance pay (was) (was not) authorized, amount shown in block 10. Severance is not taxable. |
| <input type="checkbox"/> Individuals discharged from service are not placed on the retired list and are not entitled to retired pay. | <input type="checkbox"/> Under current laws and regulations we are unable to start retired pay until items of form shown in block 9 are completed and returned and/or documents stated in block 8 are received. |
| <input type="checkbox"/> Upon payment of arrears of retired pay to and including date of death no additional amounts will be due. (Exceptions stated in block 8). | <input type="checkbox"/> Items of form shown in block 9 should be completed and returned to this office for reason shown in block 8. |
| <input type="checkbox"/> Contact nearest Veterans Administration Regional Office, Social Security Office, relative to benefits or information concerning entitlement. | <input type="checkbox"/> Block 14 of DD Form 418 has been completed to show "I have" for items If in error, correctly complete the attached form. If not in error, complete form and furnish a detailed explanation. |
| <input type="checkbox"/> Request a corrected AGPZ Form 977 be issued to both Retired Pay Division and to the U S Army Data Service and Administrative Systems Command, ATTN: AGRZ-CD, Department of the Army, Washington, D. C. 20310. | <input type="checkbox"/> Please verify whether or not retired member is credited with over 4 years service in an enlisted status. |

This pre-printed form is used to shorten processing time and give faster service.

CERTIFIED CORRECT

Alice Hadden
 OFFICER
 RETIRED PAY DIVISION

Paul J. Christie
 OFFICER
 RETIRED PAY DIVISION

October 16, 1986

FINCM-DC Underwood, Charles C.
[REDACTED]

Mrs. Geneva R. Underwood
5837 Winding Ridge
San Antonio, TX 78239

Dear Mrs. Underwood:

We have received information through our death match program that the Social Security Administration has a death record matching the above retiree's Social Security Number. The death record shows a date of death during an undesignated period. Please clarify.

Payment on this account has been suspended until we receive notification that the retiree is alive. The retiree must complete item 1 and return a signed copy of this letter to Retired Pay Operations, Post Office Box 16337, Fort Benjamin Harrison, Indiana 46216-0337.

If the retiree is deceased, please complete item 2 and return a signed copy of this letter with a copy of the death certificate to the above address. If an annuity is payable, proper forms will be forwarded for completion and upon receipt of the completed forms the annuity will be established.

Sincerely,

[Signature]
Barbara Smith
Chief, Quality Assurance Office
Retired Pay Operations

1. Our records reflect retiree's Social Security Number is [REDACTED]. Is this correct? ☒ Yes ☐ No. If not, please write in the correct number.

2. Retiree is deceased. Date of death _____

DATE _____

SIGNATURE _____

(Retiree or Next of Kin)