

# INSTRUCTIONS FOR COMPLETING THE ANNUITY APPLICATION

The Commonwealth of Massachusetts and the Executive Office of Veterans' Services (EOVS) are pleased to provide a state annuity to 100 percent service-connected disabled veterans, along with widow/ers whose spouse has passed away from their service connected disability and parents of those who lost their son or daughter while on active duty of the armed forces in the amount of \$2,000, paid biannually (February & August) in installments of \$1,000 each. **To Apply:**

- Complete the annuity application. Once filled out, all forms should be saved on your computer and submitted to [VetsAnnuity@MassMail.State.MA.US](mailto:VetsAnnuity@MassMail.State.MA.US)
  - Important Note: Under Vendor Information where it states “Vendor Tax Identification Number (TIN) please enter your Social Security number.
- In addition to the annuity application, you will need to submit the following forms:
  - Certificate of Discharge or Release from Active Service (Member 4 DD Form 214 w/Character of Services)
  - VA / DIC Rating Decision
  - Death Certificate or Casualty Report of Deceased Veteran (Widow/er/Parent application only)
  - Birth Certificate of Deceased Veteran (Parent application only)
  - Marriage Certificate (Widow/er application only)
  - Copy of a voided check or bank letter
- If you need assistance, please contact your local Veteran Service Officer (VSO). To find your VSO, please use the “Find Your VSO” tool, which can be found by clicking here.
- **Additional Important Information:**
  - Family members should inform EOVS if the annuity recipient dies.
  - Recipients must inform EOVS of any address, banking and VA benefit changes.
  - The annuity is non-transferable. If your spouse passes away, you must reapply on your own behalf.
  - Please be aware that **NEW** applications must be received and approved by EOVS by the following dates in any given year:
    - To receive the August payment of \$1,000: To avoid a late payment EOVS will need to receive the completed application by **June 30th.**
    - To receive the February payment of \$1,000: To avoid a late payment EOVS will need to receive the completed application by **December 31st.**

**Please submit all forms via email to [VetsAnnuity@MassMail.State.MA.US](mailto:VetsAnnuity@MassMail.State.MA.US)**

If you are unable to submit your application by email, please mail your forms to the following address.

**Executive Office of Veterans' Services  
Attn: Annuity Department  
600 Washington Street 7th Floor  
Boston, MA 02111**



# Commonwealth of Massachusetts Executive Office of Veterans' Services

600 Washington Street, 7th Floor

Boston, Massachusetts 02111

Tel: (617) 210-5480 Fax: (617) 210-5755 [WWW.MASS.GOV/VETERANS](http://WWW.MASS.GOV/VETERANS)



## **APPLICATION for ANNUITY**

*Massachusetts General Laws, Chapter 115, Section 6A, 6B, and 6C*

### **Annuity Category**

- Blind, paraplegic, or 100% Disabled Veteran (All cases must be service connected)
- Parents of Certain Deceased Veterans (Death must have been while on active duty)
- Unremarried Spouses of Certain Deceased Veterans (Death must be service-connected)

### **Applicant's Basic Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ US Citizen: Yes

No

Gender Female Male Unspecified Nonbinary Spoken Language: \_\_\_\_\_ Unspecified

**Ethnicity/Race** This information is collected to make sure everyone is treated fairly. Your answer is voluntary.

#### **Race (Check all that apply)**

Prefer not to answer/provide

American Indian or Alaskan Native

Asian

Black or African American

Hispanic or Latino

Native Hawaiian or other Pacific Islander

White

Other/Unspecified \_\_\_\_\_

#### **Special Circumstances (Check all that apply)**

Physical/Mental Impairment

Hearing Impaired

Visually Impaired

Interpreter Required

Sign Language Required

Other \_\_\_\_\_

### **Applicant's Information**

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Street 1: \_\_\_\_\_ Street 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Veteran's Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date Deceased: \_\_\_\_\_

Gender :      Female      Male      Unspecified      Nonbinary      Spoken Language: \_\_\_\_\_

US Citizen:      Yes      No      Unspecified

**Ethnicity/Race** This information is collected to make sure everyone is treated fairly. Your answer is voluntary.

#### Race (Check all that apply)

Prefer not to answer/provide

American Indian or Alaskan Native

Asian

Black or African American

Hispanic or Latino

Native Hawaiian or other Pacific Islander

White

Other/Unspecified \_\_\_\_\_

#### Special Circumstances (Check all that apply)

Physical/Mental Impairment

Hearing Impaired

Visually Impaired

Interpreter Required

Sign Language Required

Other \_\_\_\_\_

### Service Information

Branch of Service: \_\_\_\_\_ Service Number: \_\_\_\_\_

Service Start Date: \_\_\_\_\_ Service End Date: \_\_\_\_\_

Discharge Type: \_\_\_\_\_

Veteran's Home of Record (at time of entry into active service): \_\_\_\_\_

### Applicant's next of kin

Relationship to the Applicant: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Street 1: \_\_\_\_\_ Street 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**The Following additional forms need to be filed with this application.**

- Certificate of Discharge or Release from Active Service (Member 4 DD Form 214 w/Character of Services)
- Request for Verification of Taxation reporting form (W-9) and Direct Deposit Form (EFT)
- VA Rating Decision
- Death Certificate or Casualty Report of Deceased Veteran
- Birth Certificate of Deceased Veteran (parent application only)
- Marriage Certificate (spouse application only)
- VA/DIC Rating Decision (spouse applicant only)
- Please be aware that **NEW** applications for August payment must be received and approved by DVS by June 30<sup>th</sup> and for February payment must be received and approved by DVS by December 31<sup>st</sup> in any given year.

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. Further, I hereby authorize access to the U.S. Department of Veterans Affairs information or records to verify information provided in this application and in support of this request.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_



**COMMONWEALTH OF MASSACHUSETTS**  
**OFFICE OF THE COMPTROLLER**

**Electronic Funds Transfer (EFT) Authorization Agreement**

Complete this form to enroll, modify, or terminate an existing in electronic funds transfer (EFT) agreement with the Commonwealth of Massachusetts Departments.

<b>PART I: REASON FOR SUBMISSION</b> – See Instructions on Page 2				
New Enrollment	Change Enrollment	Cancel Enrollment	<b>Document Included:</b> Voided Check      Bank Letter	
<b>PART II: ACCOUNT HOLDER INFORMATION-</b> See Instructions on Page 2				
Account Holder Legal Name:			DBA Name:	
Street Address:		City:	State:	Zip Code:
Account Holder Tax Identification Number (9 digits EIN or SSN)		EIN:	SSN:	
<b>PART III: FINANCIAL INSTITUTION INFORMATION-</b> See Instructions on Page 2				
Financial Institution Name:				
Routing Number (only nine digits):		Account Number:	Account Type (Checking or Saving):	
<b>IF YOU ARE MODIFYING BANKING INFORMATION, YOU MUST INCLUDE YOUR OLD BANK INFORMATION OR YOUR REQUEST WILL BE RETURNED</b>				
Old Financial Institution Name:				
Old Routing Number (only 9 digits):		Old Account Number:	Old Account Type(Checking or Saving):	
<b>PART IV: VENDOR/CUSTOMER CONTACT INFORMATION:</b> This is the person we will contact for any questions regarding this EFT – See Instructions on Page 2				
Contact Person's Name:		Contact Person's Title:		
Contact Person's Phone:		Contact Person's Email Address:		
<b>PART V: AUTHORIZATION-</b> See Instructions on Page 2				

By signing below, I hereby certify that the account(s) indicated on this form is under my direct control and access; therefore, I authorize the State Treasurer as fiscal agent for the Commonwealth of Massachusetts to initiate, change, or cancel credit entries to the account(s) as indicated on this form. For ACH debits consistent with the International ACH Transaction (IAT) rules check one:

- ☐ I affirm that payments authorized by this agreement are not to an account that is subject to being transferred to a foreign bank account.
- ☐ I affirm that payments authorized by this agreement are to an account that is subject to being transferred to a foreign bank account.

This authority is to remain in full force and effect until the Office of Comptroller (CTR) has received written notification from either me or an authorized officer of the organization of the account's termination in such time and in such a manner as to afford CTR a reasonable opportunity to act upon it.

**Account Holder must sign and mail this EFT form and include a confirmation of account information on bank letterhead or a void check and mail to the Commonwealth Department you are doing business with.**

Account Holder Authorized Signature:	Print Name:  Title	Date:
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# OFFICE USE ONLY

## PART VI: VERIFICATION FROM THE COMMONWEALTH DEPARTMENT – See Instructions on Page 2

I hereby certify the Vendor/Customer is an authorized signatory and verified by internal records and verbal confirmation initiated by our department.

VCC/VCM Document ID:

Three letter Department Code:

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Phone # \_\_\_\_\_

## INSTRUCTIONS FOR COMPLETING THE EFT AUTHORIZATION AGREEMENT

All EFT requests are subject to a 5 (five) day pre-certification period in which all accounts are verified by the qualifying financial institution before any direct deposits are made.

### PART I: REASON FOR SUBMISSION

Indicate your reason for completing this form by checking the appropriate box: New EFT enrollment, a change to your EFT enrollment account information, or cancellation of your EFT enrollment.

### PART II: ACCOUNT HOLDER INFORMATION

- Account Holder Name: Enter the accounts holder legal name (individual or business name), as reported
- to the Internal Revenue Service (IRS).
- DBA Name: Enter the DBA name if applicable.
- Street Address: Enter the account holder's street address.
- Enter the account holder's city, state, and zip code.
- Account Holder Tax Identification Number: Enter the tax identification number as reported to the IRS. If the business is a group, organization or corporation, provide the Federal employer identification number (EIN). If enrolling as an individual provide your Social Security Number.

### PART III: FINANCIAL INSTITUTION INFORMATION

- Financial Institution Name: Enter your Financial Institution's name (this is the name of the bank or qualifying depository that will receive the funds).
  - **NOTE:** The account name to which EFT payments will be paid is to the name submitted on Part II of this form.
- Routing Number: Enter the bank or financial institutional nine-digit routing number, including applicable leading zeros.
- Account Number: Enter the account holder's account number with the financial institution, including applicable leading zeros.
- Account Type: Enter the account type (Checking or Saving).
- If account holder is changing the banking information, you must provide OLD banking information.
- Old Financial Institution Name: Enter your Financial Institution's name (this is the name of the bank or qualifying depository that will receive the funds).
- Old Routing Number: Enter the Old bank or financial institutional nine-digit routing number, including applicable leading zeros.
- Old Account Number: Enter the Old account holder's account number with the financial institution, including applicable leading zeros.
- Account Type: Enter the Old account type (Checking or Saving).
  - **NOTE:** Supporting bank documents must be in the account holder legal name only.
- If you do not submit this information, your EFT authorization agreement will be returned without further processing.

### PART IV: CONTACT INFORMATION

- Enter the name and title of a contact person who can answer questions about the information submitted on this EFT form.
- Enter the contact person's telephone number. Enter the contact person's e-mail address.

### PART V: AUTHORIZATION

- By your signature on this form, you are certifying that the account is drawn in the Name of an Individual, or the Legal Business Name of the person or entity who has sole control of the account to which EFT deposits are made.
- The EFT authorization form must be signed and dated by the same account holder name in Part II and include a title and telephone number.
- Mail this form with the original signature in black or blue ink (no facsimile signatures can be accepted) to the Commonwealth Department that you doing business with.

### PART VI: VERIFICATION FROM THE COMMONWEALTH DEPARTMENT

By your signature on this form, you are certifying that authentication of the vendor/customer's authorized signatory was conducted by review of the Contractor Signatory Authorization Form (CASL) or by another internal verification process, and additional verification was conducted to confirm banking or address change request. Departments should have multiple known vendor contacts to confirm any registration change.

Please print or type

**Request for Taxpayer  
Identification Number and Certification**

Completed form should be  
given to the requesting  
department or the department  
you are currently doing  
business with.

<b>Name</b> ( List legal name, if joint names, list first & circle the name of the person whose TIN you enter in Part I-See <b>Specific Instruction</b> on page 2)		
<b>Business name</b> , if different from above. (See <b>Specific Instruction</b> on page 2)		
Check the appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ►-----		
<b>Legal Address:</b> number, street, and apt. or suite no.	<b>Remittance Address:</b> if different from legal address number, street, and apt. or suite no.	
<b>City, state and ZIP code</b>	<b>City, state and ZIP code</b>	
Phone # (    )	Fax # (    )	Email address:

<b>Part I Taxpayer Identification Number (TIN)</b>	
Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). <b>However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instruction on page 2.</b> For other entities, it is your employer identification number (EIN). If you do not have a number, see <b>How to get a TIN</b> on page 2. <b>Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.</b>	<b>Social security number</b>  <b>OR</b> <b>Employer identification number</b>  □□-□□□□□□  <b>DUNS</b>  □□□□□□□□
<b>Vendors:</b> <b>Dunn and Bradstreet Universal Numbering System (DUNS)</b>	

**Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**

2. I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Services (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding, **and**

3. I am an U.S. person (including an U.S. resident alien).

4. I am currently a Commonwealth of Massachusetts's state employee: (check one): No \_\_\_\_ Yes \_\_\_\_ If yes, **in compliance with** the State Ethics Commission **requirements**.

**Certification instructions:** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply.

<b>Sign Here</b>	<b>Authorized Signature ►</b>	<b>Date ►</b>
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**Purpose of Form**

A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or debt, or contributions you made to an IRA.

**Use Form W-9 only if you are a U.S. person** (including a resident alien), to give your correct TIN to the person requesting it (the requester) and , when applicable, to:

1. Certify the TIN you are giving is correct (or you are waiting for a number to be issued).
2. Certify you are not subject to backup withholding

**If you are a foreign person, use the appropriate Form W-8.** See Pub 515, Withholding of Tax on Nonresident Aliens and Foreign Corporations.

**What is backup withholding?** Persons making certain payments to you must withhold a designated percentage, currently 28% and pay to the IRS of such payments under certain

conditions. This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

If you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return, payments you receive will not be subject to backup withholding. **Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part II instructions on page 2 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends only), or

**5.** You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the Part II instructions on page 2.

**Penalties**

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.



## Specific Instructions

**Name.** If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first and then circle the name of the person or entity whose number you enter in Part I of the form.

**Sole proprietor.** Enter your **individual** name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

**Limited liability company (LLC).** If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, **enter the owner's name on the "Name" line.** Enter the LLC's name on the "Business name" line.

**Caution:** A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

**Other entities.** Enter your business name as shown on required Federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

### Part I - Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box.

If you are a **resident alien** and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see **How to get a TIN** below.

If you are a **sole proprietor** and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are an **LLC** that is **disregarded as an entity** separate from its owner (see **Limited liability company (LLC)** above), and are owned by an individual, enter your SSN (or "pre-LLC" EIN, if desired). If the owner of a disregarded LLC is a corporation, partnership, etc., enter the owner's EIN.

**Note:** See the chart on this page for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get **Form SS-5**, Application for a Social Security Card, from your local Social Security Administration office. Get **Form W-7**, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN or **Form SS-4**, Application for Employer Identification Number, to apply for an EIN. You can get Forms W-7 and SS-4 from the IRS by calling 1-800-TAX-FORM (1-800-829-3676) or from the IRS's Internet Web Site [www.irs.gov](http://www.irs.gov).

If you do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments.

The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note:** Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

### Part II - Certification

To establish to the paying agent that your TIN is correct or you are a U.S. person, or resident alien, sign Form W-9.

For a joint account, only the person whose TIN is shown in Part I should sign (when required).

Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

#### Dunn and Bradstreet Universal Numbering System (DUNS) number requirement –

The United States Office of Management and Budget (OMB) requires all vendors that receive federal grant funds have their DUNS number recorded with and subsequently reported to the granting agency. If a contractor has multiple DUNS numbers the contractor should provide the primary number listed with the Federal government's Central Contractor Registration (CCR) at [www.ccr.gov](http://www.ccr.gov). Any entity that does not have a DUNS number can apply for one online at <http://www.dnb.com/us/> under the DNB D-U-N Number Tab.

### Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to give your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA or MSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold a designated percentage, currently 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

## What Name and Number to Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup> The minor <sup>2</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The grantor-trustee <sup>1</sup>
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
5. Sole proprietorship	The owner <sup>3</sup>
For this type of account:	Give name and EIN of:
6. Sole proprietorship	The owner <sup>3</sup>
7. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
8. Corporate	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name, but you may also enter your business or "DBA" name. You may use either your SSN or EIN (if you have one).

<sup>4</sup> List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

**Note:** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

**If you have questions on completing this form, please contact the Office of the State Comptroller. (617) 973-2468.**

**Upon completion of this form, please send it to the Commonwealth of Massachusetts Department you are doing business with.**