

RESCORLA, RICHARD CYRIL

129-36-8271

1 Dec 84

ART USCO 659 ~~13073~~

Rescorla, Richard C. 129368271

109/08

**MILITARY PERSONNEL
RECORDS JACKET
UNITED STATES ARMY**

ALL SCREEN
INITIALS

IF FOUND, MAIL IN NEAREST U.S. POST OFFICE OR MAIL BOX.

NOTE TO POSTMASTER-OFFICIAL MAIL-RETURN TO COMMANDER,
MILITARY PERSONNEL CENTER, 200 STOVALL STREET, ALEXANDRIA, VA. 22332
POSTAGE FOR RETURN IS GUARANTEED.

DA FORM 201
1 AUG 71

PREVIOUS EDITIONS WILL BE USED UNTIL EXHAUSTED

DFAS-DE/FRB
6760 E. IRVINGTON PLACE
DENVER, CO 80275 009

RETIRED PAY INFORMATION

RETIRED RESERVIST - LAW 1331

NPRC/MPR-NCPMA-C
9700 PAGE BLVD.
ST. LOUIS, MO 63132

NAME OF SERVICE MEMBER RESCORLA RICHARD CYRIL		GRADE 0-06	SSN 129-36-8271	DATE RETIRED 1999/05/27
Item checked is for your information or action		Request information or documents for item checked		
<input type="checkbox"/> Individual named cannot be identified as an Air Force member		Request VA Claim to be <input type="checkbox"/> furnished <input type="checkbox"/> unfurnished C-		
TDRL (Temporary Disability Retirement List) member waived full Retired pay to accept VA compensation effective:		<input type="checkbox"/> Reserve <input type="checkbox"/> ANG Training Pay waiver for FY ____		
VETERANS ADMINISTRATION ADDRESS		Request signature of veteran or adjudication be affixed to the attached document		
Member was removed from TDRL		Clarify name and address of Class E allotment Insurance Company		
DATE	AMOUNT OF GROSS SEVERANCE PAY	Rates and effective dates of compensation paid for period:		
	\$			
Casualty Data		Date compensation payments were discontinued:		
DATE MEMBER DIED	SOURCE OF INFORMATION			
X 2001/09/11	DEATH CERTIFICATE			
Class N Allotment was established		OTHER (Specify) X PLEASE FURNISH OUR OFFICE A COPY OF THE MEMBER'S STATEMENT OF SERVICE, DD FORM 13 DD FORM 7 OR 11, AND LAST DD FORM 214. PLEASE INCLUDE DATES OF RANK & RETIREMENT.		
AMOUNT	EFFECTIVE DATE	REGISTER NO.	REMARKS OR ATTACHMENTS	
\$			ADJUSTMENT OF WIDOW'S SURVIVOR BENEFIT PLAN ANNUITY IS PENDING RECEIPT OF THIS INFORMATION.	
Attached documents are returned. We have made copies for our records.		<input type="checkbox"/> Passport		
		<input type="checkbox"/> Birth Certificate		
		<input type="checkbox"/> Other		
The following is furnished for your information or action.		WIDOW: RESCORLA BETSY N		
Member <input type="checkbox"/> has <input type="checkbox"/> has not been notified or this referral		SSN: [REDACTED]		
Please <input type="checkbox"/> do <input type="checkbox"/> do not furnish us a copy of your reply.		All available document showing ADT & ADT		
Member's mailing address is furnished:		CODE: NRPM2-C DATE: 7-30-03		
Deductions have been established from the above member's Retired pay as shown below for:		NATIONAL PERSONNEL RECORDS CENTER (MPR)		
First check will be mailed about:		ST. LOUIS, MO 63132-5100		
AMOUNT	EFFECTIVE	TOTAL AMOUNT	BY: <i>Jim Bay</i>	
\$ /MO		\$		
PREPARED BY DFAS-DE/FRB		DATE 2001/11/10		

DEPARTMENT OF THE ARMY
U. S. ARMY RESERVE PERSONNEL CENTER
9700 PAGE BOULEVARD
ST. LOUIS, MO 63132-5200

ARPC-PAT-0880
ORDERS C-06-429062

28 JUN 94

RESCORLA RICHARD CYRIL
15 DALE DRIVE
MORRISTOWN NJ 07960

PAT-0880

129 36 8271 COL IN 11A
USAR CONTROL GROUP (REINF)

YOU ARE REASSIGNED IN THE RESERVE AS INDICATED.

RELEASED FROM: USAR CONTROL GROUP (REINF)
REASON: COMPL OF MAX AUTH YRS OF SVC
ASSIGNED TO: THE RETIRED RESERVE
EFFECTIVE DATE: 28 JUN 94

ADDITIONAL INSTRUCTIONS: PEBD: 630705 SEC CLR: SECRET
RETIRED RESERVISTS WITH 20 OR MORE CREDITABLE YEARS OF SERVICE FOR
RETIREMENT WHO HAVE NOT RECEIVED RETIRED PAY OR REACHED THEIR 61ST BIRTHDAY
MUST COMPLETE AND SUBMIT SGLV FORM 8713 TO THE OFFICE OF SERVICEMEN'S GROUP
LIFE INSURANCE, 212 WASHINGTON ST., NEWARK, NJ 07102 WITHIN 120 DAYS OF
EFFECTIVE DATE OF RETIREMENT OR DATE OF RETIREMENT ORDER TO APPLY FOR
SERVICEMEN'S GROUP LIFE INSURANCE (SGLI) WITHOUT COMPLETING A HEALTH
STATEMENT. ENTITLEMENT TO SGLI EXPIRES ONE YEAR AND 120 DAYS FROM EFFECTIVE
DATE OF TRANSFER OR DATE OF RETIREMENT ORDER FOR THOSE RESERVISTS WHO WERE
COVERED BY SGLI IMMEDIATELY PRIOR TO TRANSFER TO THE RETIRED RESERVE AND ONE
YEAR FOR THOSE RESERVISTS NOT COVERED PRIOR TO TRANSFER. SGLV FORM 8713 CAN
BE OBTAINED FROM LOCAL VA OFFICE. PATR-10

AUTHORITY: AR 140-10 PARA 6-2
FORMAT: 450

* ARPERCEN *
* OFFICIAL *

JOHN W. FROST
COL, AR
COMMANDING

DISTRIBUTION: H3 PACKET: 14



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
U.S. ARMY RESERVE PERSONNEL COMMAND
1 RESERVE WAY
ST. LOUIS, MISSOURI 63132-5200

ARPC-PSP-T
ORDERS P-03-302071

27 March 1999

Richard C. Rescorla
6h Dorado Drive
Morristown, NJ 07960

129 36 8271 COL

You are retired and placed on the retired list indicated. No travel involved.

Date placed on retired list: 27 May 1999
Retired list: AUS Retired
Assigned to: N/A
Retired Grade: Colonel
Additional instructions: Authorized retired pay under Sec. 12731, 10 USC.
Format: 686

FOR THE COMMANDER:

* AR-PERSCOM *
* OFFICIAL *

THURMAN P. SHARPLES, III
LTC, AG
Chief, Personnel Services Division

DISTRIBUTION: F1



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
U.S. ARMY RESERVE PERSONNEL COMMAND
1 RESERVE WAY
ST. LOUIS, MISSOURI 63132-5200

March 27, 1999

Transition and Separations Branch

Colonel Richard C. Rescorla
Army of the United States Retired
6h Dorado Drive
Morristown, New Jersey 07960

Dear Colonel Rescorla:

Your application for retired pay under Title 10, United States Code, Section 12731, has been approved. Your Certificate of Retirement and Orders effecting your retired pay are enclosed.

You are eligible for medical care under the Uniform Services Health Benefits Program, as well as commissary, post exchange and military theater privileges. These facilities may be utilized on any military installation, subject to directives issued by the local commander.

To obtain identification card(s) for you and your eligible dependents, complete the enclosed DD Form 1172 and present it along with a copy of your retirement order to the Identification and Privilege Card Section at the nearest military installation having identification card facilities. The identification card(s) cannot be issued prior to your 60th birthday. Dependent children ages 21 to 23 must have a letter from school stating the dependent is a full time student, also the letter must contain the anticipated graduation date. In addition to your retirement order, you must present a copy of your marriage certificate and birth certificate(s) for eligible children. The marriage as well as the birth certificate(s) must bear the seal of the county or state.

The Director, Retired Pay, Defense Finance and Accounting Service, Cleveland, Ohio 44199-1126 should be notified of any change in your mailing address or status. Failure to do so could cause a delay in the payment of your retired pay or result in the discontinuance of such pay.

I extend to you, on behalf of the United States Army, our sincere appreciation for your many years of service to our country.

Sincerely,

Ronald K. Trussell
Chief, Transition and
Separations Branch

Enclosures

"GATEWAY TO READINESS"

U.S. ARMY RESERVE PERSONNEL COMMAND

9700 PAGE AVENUE

ST. LOUIS, MO 63132-5200

CHRONOLOGICAL STATEMENT OF RETIREMENT POINTS

REPLY TO
ATTN:

ARPC-SFR-PAC

12 NOV 1997

ARPC-SFR-PAC
RESCORLA RICHARD CYRIL



15 DALE DR
MORRISTOWN

NJ 07960-6221



Points shown below are a recapitulation of retirement credits as received by this Command. If there are errors or omissions, please return a copy of the detail points listing (on reverse) with your request for correction. Include copies of pay vouchers, record of attendance and correspondence course completions to substantiate your request for correction.

PACKET STATEMENT 129368271 19390527 COL 19630705
REASON FOR SOCIAL SECURITY DATE OF CURRENT PEBD
ISSUANCE NUMBER BIRTH GRADE

1. BEGINNING DATE YR MO DAY	2. ENDING DATE YR MO DAY	3. MILITARY PERSONNEL CLASS	4. STATUS OR COMPONENT	5. INACTIVE DUTY POINTS	6. EXTENSION COURSE POINTS	7. MEMBERSHIP POINTS	8. ACTIVE DUTY POINTS	9. QUALIFYING FOR RETIREMENT			10. TOTAL POINTS CREDITABLE
								YRS	MOS	DAYS	
1993 04 19	1994 04 18	COM	USAR	000	000	15	0000	00	00	00	0015
1992 04 19	1993 04 18	COM	USAR	000	000	15	0000	00	00	00	0015
1991 04 19	1992 04 18	COM	USAR	000	000	15	0000	00	00	00	0015
1990 04 19	1991 04 18	COM	USAR	000	000	15	0000	00	00	00	0015
1989 04 19	1990 04 18	COM	USAR	004	000	15	0000	00	00	00	0019
1988 04 19	1989 04 18	COM	USAR	002	009	15	0000	00	00	00	0026
1987 04 19	1988 04 18	COM	USAR	001	088	15	0014	01	00	00	0074
1986 04 19	1987 04 18	COM	USAR	000	037	15	0028	01	00	00	0080
1985 04 19	1986 04 18	COM	USAR	000	000	15	0000	00	00	00	0015
1984 04 19	1985 04 18	COM	USAR	032	001	15	0019	01	00	00	0067
1983 04 19	1984 04 18	COM	USAR	042	000	15	0018	01	00	00	0075
1982 04 19	1983 04 18	COM	USAR	044	000	15	0022	01	00	00	0081
1981 04 19	1982 04 18	COM	USAR	047	000	15	0020	01	00	00	0080
1980 04 19	1981 04 18	COM	USAR	028	000	15	0014	01	00	00	0057
1979 04 19	1980 04 18	COM	USAR	066	000	15	0027	01	00	00	0087
1978 04 19	1979 04 18	COM	USAR	042	000	15	0014	01	00	00	0071
1977 04 19	1978 04 18	COM	USAR	048	000	15	0014	01	00	00	0074
1976 04 19	1977 04 18	COM	USAR	008	000	15	0000	00	00	00	0023
1975 04 19	1976 04 18	COM	USAR	033	005	15	0015	01	00	00	0068
1974 04 19	1975 04 18	COM	ARNG	069	055	15	0017	01	00	00	0077
1973 04 19	1974 04 18	COM	ARNG	052	007	15	0016	01	00	00	0076
1972 04 19	1973 04 18	COM	ARNG	044	010	15	0029	01	00	00	0089
1971 04 19	1972 04 18	COM	ARNG	054	005	15	0031	01	00	00	0091
1970 04 19	1971 04 18	COM	ARNG	044	000	15	0030	01	00	00	0089
1969 04 19	1970 04 18	COM	ARNG	048	000	15	0030	01	00	00	0090
1968 04 19	1969 04 18	COM	ARNG	052	000	15	0033	01	00	00	0093
1967 04 19	1968 04 18	COM	ARNG	028	000	15	0019	01	00	00	0062
1966 04 19	1967 04 18	COM	USAR	000	000	15	0365	01	00	00	0365
1965 04 19	1966 04 18	COM	USAR	000	000	15	0365	01	00	00	0365
1964 07 05	1965 04 18	ENL	RA	000	000	00	0288	00	09	14	0288
1963 07 05	1964 07 04	ENL	RA	000	000	00	0366	01	00	00	0366
TOTAL								22	09	14	3008

Longevity calculation is being updated. It will reappear in the future.

351022

6

DETAIL POINT LISTING FOR PREVIOUS RETIREMENT YEAR

THIS IS A VALUABLE DOCUMENT - KEEP IN A SAFE PLACE

NAME: RESCORLA RICHARD CYRIL

SSN: 129368271

INACTIVE POINTS	ACTIVE POINTS

CODE DEFINITION

- | | | | |
|---|---|---|--------------------------------|
| A | Completion of Extension Course | B | Attendance at Annual Training |
| C | Performance of Command Staff & Admin Duties | D | Presentation of Instructions |
| E | Preparation of Instruction | F | Performance of Recruiting Duty |
| G | Performance of Training | H | Performance of Medical Duties |
| J | Attendance at Active Duty for Training | K | Performance of Active Duty |
| X | Performance of Inactive Duty Training (IDT) | L | Correspondence Course Points |

SECTION I - PAY IDENTIFICATION

1. NAME (LAST, First, Middle Initial) RESCORLA, RICHARD, C.	2. SOCIAL SECURITY NUMBER 129-36-8271	3. RETIREMENT/TRANSFER DATE (Actual date pay will start) 05-27-99	4. DATE OF BIRTH 05-27-39
5. RANK/RATE/BRANCH OF SERVICE COL, 06 U.S.A.R.	6. ROUTING NUMBER (See instructions) [REDACTED]	7. TYPE OF ACCOUNT (Savings (S) or Checking (C)) (C) CHECKING	8. ACCOUNT NUMBER (See instructions) [REDACTED]
9. FINANCIAL INSTITUTION NAME AND ADDRESS (Street, City, State, and 9-digit ZIP Code) PNC BANK 22 SOUTH STREET MORRISTOWN, NJ 07960 0000	10. CORRESPONDENCE ADDRESS (Street, Apartment No., City, State, 9-digit ZIP Code and Telephone Number) 6 H DORADO DRIVE MORRISTOWN, NJ 07960 (973)-898-0545		

SECTION II - FEDERAL EMPLOYMENT AGREEMENT (See Forms Completion Instructions)

11. CERTIFICATION/SIGNATURE OF EMPLOYEE My signature signifies that I agree to notify the respective DFAS Center when I become employed by a Federal Agency. I will provide the effective date of employment, name and address (including ZIP Code) of the employing agency, and the amount of my salary. Richard C. Rescorla SIGNATURE OF EMPLOYEE	12. COMPLETE ONLY IF YOU ARE A MEMBER OR FORMER MEMBER OF THE RESERVE COMPONENTS NOT ON ACTIVE DUTY RETIRING AT AGE 60. a. Do you receive or were you receiving on the date of retirement any VA compensation or salary from another Federal agency? U.S. TREASURY 23386406-0000 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO b. Effective Date of Payment or Salary 1-1-98 c. NAME AND ADDRESS OF FEDERAL AGENCY (Include 9-digit ZIP Code) VETERAN'S ADMINISTRATION REGIONAL OFFICE 20 WASHINGTON PLACE, NEWARK, NJ, 07102 0000 d. TYPE OF PAYMENT DISABILITY e. AMOUNT OF PAYMENT 7500 MONTH
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SECTION III - DESIGNATION OF BENEFICIARIES FOR UNPAID RETIRED PAY

13. a. NAME (LAST, First, Middle Initial)	b. ADDRESS (Street, City, State and ZIP Code)	c. RELATIONSHIP	d. SHARE
RESCORLA, BETSY N.	8G DORADO DRIVE MORRISTOWN, N.J. 07960	FORMER SPOUSE	100%
			%
			%
			%

SECTION IV - FEDERAL INCOME TAX WITHHOLDING INFORMATION (Submit information in Items 14 - 17 in lieu of IRS Form W-4 for tax purposes.)

14. MARITAL STATUS <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married Married but withhold at higher single rate	15. TOTAL NUMBER OF EXEMPTIONS CLAIMED TWO	16. ADDITIONAL WITHHOLDING (OPTIONAL) FOR WIVES	17. OCCASIONAL EXEMPTION FROM WITHHOLDING; ENTER "EXEMPT"
18. ARE YOU A UNITED STATES CITIZEN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If "no," see Section IV instructions).			

SECTION V - VOLUNTARY STATE TAX WITHHOLDING

19. STATE DESIGNATED TO RECEIVE TAX N/A	20. REQUESTED MONTHLY AMOUNT (Not less than \$10.00)	21. RESIDENCE ADDRESS (If different than address listed in Item 10, enter Street, Apartment No., City, State and 9-digit ZIP Code)
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SECTION VI - DEPENDENCY INFORMATION

22. SPOUSE NAME (LAST, First, Middle Initial) RESCORLA, BETSY N.	23. SPOUSE SOCIAL SECURITY NUMBER [REDACTED]	24. SPOUSE DATE OF BIRTH 05-14-50		
25. DATE OF MARRIAGE 06-10-72, 1972	26. PLACE OF MARRIAGE (City and State) DALLAS, TX.			
27. LIST YOUR DEPENDENT CHILD(REN) (Designate which child(ren) resulted from marriage to former spouse, if any. Indicate (FS) after the relationship on "RELATIONSHIP" item. Use separate sheet of paper to list additional children.)				
NAME a.	DATE OF BIRTH b.	SOCIAL SECURITY NUMBER c.	RELATIONSHIP (son, daughter, stepson, etc.) d.	DISABLED (Yes or No) e.
TREVOR SCOTT RESCORLA	01-15-76	[REDACTED]	SON	NO
KIMBERLY JEAN RESCORLA	07-2-78	[REDACTED]	DAUGHTER	NO

SECTION VII - SURVIVOR BENEFIT PLAN (SBP) ELECTION (See your Survivor Benefit Plan counselor before making an election.)

28. BENEFICIARY CATEGORY (IES) (Check only one item AND circle applicable word)

- a. I elect coverage for spouse only. (I do/do not have dependent children.)
- b. I elect coverage for spouse and child(ren).
- c. I elect coverage for children only. (I do/do not have a spouse.)
- d. I elect coverage for the person named in Item 30 who has an insurable interest in me (See Forms Completion Instructions).
- e. I elect coverage for the person named in Item 30 who is my former spouse (See Forms Completion Instructions and complete Former Spouse Election Statement).
- f. I elect coverage for the person named in Item 30 who is my former spouse and dependent child(ren) of that marriage (See Forms Completion Instructions and complete Former Spouse Election Statement).
- g. I elect not to participate in SBP (I do/do not have eligible dependents under the plan.)

29. LEVEL OF COVERAGE: (Complete unless 28d or 28g was selected above. See Forms Completion Instructions)

- a. I elect coverage to be based on full gross retired pay.
- b. I elect coverage with a reduced base amount of \$ _____ (See Forms Completion Instructions).
- c. I elect basic coverage based on full gross pay plus supplemental coverage of (Check one)

	NONE	5%	10%	15%	20%
--	------	----	-----	-----	-----

By electing supplemental coverage, I understand that I waive my right to use the social security offset method of computing the Survivor Benefit at age 62 and older (See Forms Completion Instructions).

30. NAME OF INSURABLE INTEREST OR FORMER SPOUSE BENEFICIARY (LAST, First, Middle Initial) RESCORLA, BETSY N.	31. SOCIAL SECURITY NUMBER [REDACTED]	32. RELATIONSHIP FORMER SPOUSE	33. DATE OF BIRTH 05-14-50
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34. ADDRESS (Street, City, State and ZIP Code)
89 DORADO DRIVE
MORRISTOWN, N.J. 07960

SECTION VIII - SURVIVOR BENEFIT SPOUSAL CONCURRENCE (Required when member is married and does not elect full coverage.)

I hereby concur with the Survivor Benefit Plan election made by my spouse. I have received information that explains the options available and the effects of those options. I have signed this statement of my own free will.

35. SIGNATURE OF SPOUSE	36. DATE
--------------------------------	-----------------

37. NAME OF WITNESS (LAST, First, Middle Initial)	38. SIGNATURE OF WITNESS
--	---------------------------------

39. ADDRESS OF WITNESS (Street, City, State and ZIP Code)	40. DATE
--	-----------------

SECTION IX - CERTIFICATION

Under penalties of perjury, I certify that the number of withholding exemptions claimed does not exceed the number to which I am entitled, and that all statements on this form are made with full knowledge of the penalties for making false statements (18 U.S. Code 287 and 1001 provide for a penalty of not more than \$10,000 fine, or 5 years in prison, or both).

41. SIGNATURE OF MEMBER Richard E Rescole	42. DATE 9-18-98
---	----------------------------

43. NAME OF WITNESS (LAST, First, Middle Initial) HILL, DANIEL J. CAPT USRET	44. SIGNATURE OF WITNESS Daniel Hill
--	--

45. ADDRESS OF WITNESS (Street, City, State and ZIP Code) 5287 REDBIRD RD, ST. AUGUSTINE, FL. 32084	46. DATE 9-18-98
---	----------------------------

DATE: 12/03/85

SURVIVOR BENEFITS INQUIRY

SSN: 129-36-8271

RCPAC-ADMIN-CLASS R

NAME-IND: RESCORLA RICHARD CYRIL

ADDR-VALI-CODE 4

ADDRESS: 15 DALE DR

ADDR-VALI-DATE 85/10/02

MORRIS STREET

DOB 39/05/27

NJ

GR-ARMY LTC-C

07960-0000

RYE 04/18

NBR-MNTHS-WO-ENLD-SVC 000

PEBU 63/07/05

HIGH-PAY-GR-HLD-UNIF-SVC

BASIC-BR

RSN-DATE-ENT-PRES-CAT AP-85/02/27

RET-PAY-STAT 0

BASIC-DATE-MAND-REN 00/00/00

LAST-DATE-SUM-REC-CH 85/10/24

NBR-EQUITV-AD-YR-RET-PAY 07.55

TWNTY-YR-CERT-DATE 85/11/22

TOTAL-YRS-SAT-SVC-RET 20

DATE OF DEATH 00/00/00

SBP-CERT-MAIL-DATE 85/11/26

SBP-ISS-ORG R

SBP-CERT-MAIL-NBR 202191931

SBP-OPT-SEL

SBP-CERT-MAIL-DLVR-DATE 00/00/00

SBP-OPT-CH-RSN

SBP-OPT-ELECT-REC-DATE 00/00/00

DEFER-RET-PAY-65

*** LAST SCREEN, END OF INQUIRY DATA: HIT PA1 ***

MSP001

DATE: 12/03/85

SUMMARY POINTS INQUIRY

PAGE: 0001

SSN: 129-36-8271

NAME-IND: RESCORLA RICHARD CYRIL

BEG DATE	END DATE	MIL PERS	SUM COMP	INACT DUTY	EXTN CRS	MBR SHP	AT-ADT AD	QUAL PD	CRED PT
84/04/19	85/04/18	0	01	032	001	15	0002	010000	0050
83/04/19	84/04/18	0	01	042	000	15	0018	010000	0075
82/04/19	83/04/18	0	01	044	000	15	0022	010000	0081
81/04/19	82/04/18	0	01	047	000	15	0020	010000	0080
80/04/19	81/04/18	0	01	028	000	15	0014	010000	0057
79/04/19	80/04/18	0	01	066	000	15	0027	010000	0087
78/04/19	79/04/18	0	01	042	000	15	0014	010000	0071
77/04/19	78/04/18	0	01	048	000	15	0014	010000	0074
76/04/19	77/04/18	0	01	008	000	15	0000		0023
75/04/19	76/04/18	0	01	033	005	15	0015	010000	0068
74/04/19	75/04/18	0	03	069	055	15	0017	010000	0077
73/04/19	74/04/18	0	03	052	007	15	0016	010000	0076
72/04/19	73/04/18	0	03	044	010	15	0029	010000	0089

*** HIT ENTER TO CONTINUE: PA1 FOR MAIN MENU ***

MSP001

DATE: 12/03/85

SUMMARY POINTS INQUIRY

PAGE: 0002

SSN: 129-36-8271

NAME-IND: RESCORLA RICHARD CYRIL

BEG DATE	END DATE	MIL PERS	SUM COMP	INACT DUTY	EXTN CRS	MBR SHP	AT-ADT AD	QUAL PD	CRED PT
71/04/19	72/04/18	0	03	054	005	15	0031	010000	0091
70/04/19	71/04/18	0	03	044	000	15	0030	010000	0089
69/04/19	70/04/18	0	03	048	000	15	0030	010000	0090
68/04/19	69/04/18	0	03	052	000	15	0033	010000	0093
67/04/19	68/04/18	0	03	028	000	15	0019	010000	0062
66/04/19	67/04/18	0	01	000	000	00	0365	010000	0365
65/04/19	66/04/18	0	01	000	000	00	0365	010000	0365
64/07/05	65/04/18	E	06	000	000	00	0288	000914	0288
63/07/05	64/07/04	E	06	000	000	00	0366	010000	0366

*** LAST SCREEN - HIT PA1 KEY - TOTAL POINTS: 2717

SECTION I - IDENTIFICATION DATA							SECTION II - CLASSIFICATION AND ASSIGNMENT DATA (Continued)										
1. NAME RESCORLA RICHARD CYRIL				2. SSN 129-36-8271			6. MILITARY OCCUPATIONAL SPECIALTIES <input type="checkbox"/> CONT										
SECTION II - CLASSIFICATION AND ASSIGNMENT DATA							MOSC		TITLE			DATE					
3. MOS EVALUATION SCORES <input type="checkbox"/> CONT							01542 11A		Inf Unit Comdr			650419					
							71542		Parachutist			650513					
							11A5P		Inf-Reinforcement			770320					
							A12A00		ARMOR OFFICER GENERAL			811006					
4. ASSIGNMENT CONSIDERATIONS <input type="checkbox"/> CONT							7. AVIATION ASI & GUNNERY QUALIFICATION <input type="checkbox"/> CONT										
							8. APTITUDE AREA SCORES <input type="checkbox"/> CONT										
							AIRCRAFT		INSTR PILOT		GUNNERY SYSTEM		AREA SCORE		AREA SCORE		
							IF/W R/W		F/W R/W		TNG INSTR						
5. OVERSEA SERVICE <input type="checkbox"/> CONT							9. AWARDS, DECORATIONS & CAMPAIGNS <input type="checkbox"/> CONT										
FROM		THRU		AREA AND COUNTRY			MO		TYPE		NTC		DEPN ARR OS				
							EIB ARCAM (10LC)										
							GCMDL (1st Awd) 760303										
							Parachute Badge ARCAM (20LC)										
							VSM 810418										
							Purple Heart (651216)							DATE			
							CIB							PLACE			
							RVN Gallantry Cross w/Gold Star							OTHER TESTS <input type="checkbox"/> CONT			
							BSM (1st OLC) 601(2) V Device							TEST SCORE		DATE	
							1 O/S Bar (2)							MDB-			
							NDSM							OCT			
							Rfl M14, Exp Qual Bad, 641215							DLAT			
							Pistol 641215							OQI-1			
							REL M16 EXP QUAL BAD (830312)							FAST-			
							CAMPAIGNS:							VOB			
							Vietnam Def							WOCB			
							ARCAM (720303) yes										
							AFRM (750419)										
							PISTOL 45 CAL EXP QUAL BAD (690879)										
							11. AMERICAN BOARD CERTIFICATION & LICENSES OR CERTIFICATES HELD <input type="checkbox"/> CONT										
							MEMBER, SOUTH CAROLINA BAR							12. LANGUAGE PROFICIENCY			
							ASSOCIATION, AMERICAN BAR							DA FORM 330 SUBMITTED		DATE	
							ASSOCIATION										
							ARCAM (1 OLC) 760303										

PERSONNEL QUALIFICATION RECORD - PART II

SECTION II - CLASSIFICATION AND ASSIGNMENT DATA (Continued)					SECTION III - SERVICE, TRAINING AND OTHER DATES				
13. PILOT RATINGS					18. APPOINTMENTS AND REDUCTIONS <input type="checkbox"/> CONT			19. SPECIALIZED TRAINING <input type="checkbox"/> CONT	
ORIGINAL	DATE	CURRENT	DATE		GRADE	COMP	EFFECTIVE DATE	DATE OF ELIG/RANK	SUBJECT
					2LT	USAR	650419		ATP 21-114 (BCT)
14. FLYING STATUS <input type="checkbox"/> CONT					1LT	AUS	660801		Geneva-Hague Conventions
					1LT	USAR	6704		Military Justice
INSTRUMENT CERTIFICATION					1LT	ARNGUS	670724		Benefits of Honorable Discharge
15. INTERNSHIPS, RESIDENCIES AND FELLOWSHIPS <input type="checkbox"/> CONT					CPT				
HOSPITAL	TYPE OR SERVICE		MONTHS	YEAR	MAJ	USAR	751018	E751018	NBG
					LTC	USAR	821002		190624
16. HOSPITAL/TEACHING APPOINTMENTS AND PRIVATE PRACTICE <input type="checkbox"/> CONT					20. BASIC ENLISTED SERVICE DATE (BESD)				
FROM	THRU	INSTITUTION/LOCATION		TYPE	DURAT				
					21. TIME LOST (Sec 972, Title 10, USC) <input type="checkbox"/> CONT				
						FROM	THRU	DAYS	REASON
17. CIVILIAN EDUCATION AND MILITARY SCHOOLS <input type="checkbox"/> CONT					SECTION IV - PERSONAL AND FAMILY DATA				
SCHOOL	MAJOR/COURSE/MOSC		DURAT	COMP	YEAR	22. PHYSICAL STATUS		23. PLACE OF BIRTH AND CITIZENSHIP	
Cornwall Tech Col				3SH		HEIGHT	WEIGHT	GLASSES	SELF
USA Inf Sch	Inf Off Cand		23wk	yes	65	72	206lb	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Cornwall, England
USAIS	Abn Cl 36		3wk	yes	65	DATE OF EXAM		830814	SPOUSE TEXAS
Oklahoma Univ	Eng-Journalism			BA	70	24. NUMBER OF DEPENDENTS		CITIZENSHIP OF SPOUSE U.S.	
Oklahoma Univ	English			MA	71	ADULT	CHILDREN	1602 PARK RIDGE IL	
Oklahoma Univ	JD Law			JD	73	1	2	723 EAST AVE	
USAIS	10AC			YES	75	PARK RIDGE IL 60068			
CGS				50%	80	26. CIVILIAN OCCUPATION			
BTMS	PLT TRAINER WKSHOP		EXT	YES	80	JOB TITLE: DIRECTOR OF SECURITY PROGRAMS			
FT JACKSON, S.C.	TRADOC BDE/BN PRE-COMMAND CASE 5-82		2WK	YES	82	DOT CODE	CRITICAL OCCUPATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	NO. MONTHS EMPLOYED	MOSC
						18			
					DUTIES PERFORMED				
					DIRECTOR OF SECURITY PROGRAMS; DIRECT TRAINS & IMPLEMENT BANK SECURITY POLICIES; RESPONSIBLE FOR OVER 200 PROTECTIVE SERVICES PERSONNEL				
					EMPLOYER CONTINENTAL ILLINOIS NATIONAL BANK				

THIS IS AN IMPORTANT RECORD
SAFEGUARD IT.

PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME RESCORLA, RICHARD CYRIL			2. SERVICE NUMBER 05 325 637			3. SOCIAL SECURITY NUMBER 129 36 8271		
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS ARMY USAR INF 1LT			5a. GRADE, RATE OR RANK		b. PAY GRADE 0-2	6. DATE OF RANK 1 Aug 66		YEAR
	7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) Hayle Cornwall, England				9. DATE OF BIRTH 27 May 39		YEAR
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER None			b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE NA			c. DATE INDUCTED NA		
	11a. TYPE OF TRANSFER OR DISCHARGE Relieved From Active Duty			b. STATION OR INSTALLATION AT WHICH EFFECTED Fort Benning, Georgia					
TRANSFER OR DISCHARGE DATA	c. REASON AND AUTHORITY Sec XIV, AR 135-173, SPN 611					d. EFFECTIVE DATE 18 Apr 67		YEAR	
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND Inf Sch Bn The Stu Bde USAIS 3D USA			13a. CHARACTER OF SERVICE HONORABLE			b. TYPE OF CERTIFICATE ISSUED None		
	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED Released to USAR Control Group (REINF), USAAC, St Louis, Mo						15. REENLISTMENT CODE NA		
	16. TERMINAL DATE OF RESERVE UMT&S OBLIGATION 4 Jul 69		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			b. TERM OF SERVICE (Years) NA	c. DATE OF ENTRY 19 Apr 65		
19. PRIOR REGULAR ENLISTMENTS NA		19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC 2LT		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) Fort Benning, Georgia					
21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) Tros Meneth, Foundry Hill Hayle, Cornwall, England				22. STATEMENT OF SERVICE			YEARS	MONTHS	DAYS
							CREDITABLE FOR BASIC PAY PURPOSES	(1) NET SERVICE THIS PERIOD 2 0 0	(2) OTHER SERVICE 1 9 14
23a. SPECIALTY NUMBER & TITLE 1542 Inf Unit Comdr		b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER None		b. TOTAL ACTIVE SERVICE 3 9 14	c. FOREIGN AND OR SEA SERVICE USARPAC	0	11	26	
24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED Parachutist Badge; Vietnam Service Medal; Purple Heart; Republic of Vietnam Gallantry Cross w/Gold Star; Bronze Star Medal w/"V" Device; Bronze Star Medal w/One Oak Leaf Cluster; One Overseas Bar; Republic of Vietnam Campaign Medal; Silver Star; National Defense Service Medal; Air Medal									
25. EDUCATION AND TRAINING COMPLETED US Army Infantry School - 3 Weeks - Basic Airborne									
VA AND EMP. SERVICE DATA	26a. NON-PAY PERIODS TIME LOST (Preceding Two Years) None		b. DAYS ACCRUED LEAVE PAID 47		27a. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		b. AMOUNT OF ALLOTMENT \$ NA		c. MONTH ALLOTMENT DISCONTINUED NA
	28. VA CLAIM NUMBER C. NA		29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE						
REMARKS	30. REMARKS 4 Years High School Completed (1955) BLOOD GROUP: "O" Item 5a - Perm 2LT, USAR, Aptd 19 Apr 65								
AUTHENTICATION	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) c/o Mr. Amandolora, 222 Drake Avenue Roselle (Union), New Jersey 07200				32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>Richard B. Rescorla</i>				
	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER R. C. KURTZ, CW4, USA, Asst AG				34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>[Signature]</i>				

RETIREMENT YEAR: 19 Apr - 18 Apr

NATIONAL GUARD BUREAU
RETIREMENT CREDITS RECORD

NAME (Last, first, middle initial)

RESCORLA, RICHARD C

SERIAL NO. 129-36-8271

05 325 637

GRADE (in pencil)

MAJ

STATE

Oklahoma

(1) DRILL PERIOD OF EQUIVALENT INSTRUCTION OR APPROPRIATE DUTY		(2) MEMBER OF NATIONAL GUARD		(3) EXTENSION COURSES COMPLETED OR MISCELLANEOUS DUTIES PERFORMED				(4) TOTAL POINTS INACTIVE DUTY	(5) ACTIVE DUTY OR ACTIVE DUTY TRAINING		(6) TOTAL POINTS	(7) VERIFIED BY
INCLUSIVE DATES	POINTS	INCLUSIVE DATES	POINTS	DATE	DATE PERFORMED	TOTAL HOURS	POINTS		INCLUSIVE DATES	POINTS		
19Apr67-23Jul67	00	19Apr67-23Jul67	06				00	04		04	04	USAAC Em 115
24Jul67-18Apr68	28	24Jul67-18Apr68	11					39	5Apr67-19Aug67	15	51	Hu
									4-5 May 68	2		
									1-16 Jun 68	16		
19Apr68-18Apr69	52	19Apr68-19Apr69	15					67	10-24 Aug 68	15	100	Hu
									1-15 Jun 69	15		
19Apr69-18Apr70	48	19Apr69-18Apr70	15					63	19Jul69-2Aug69	15	93	Hu
									7-21Jun70	15		
19Apr70-18Apr71	44	19Apr70-18Apr71	15						25Jul70-8Aug70	15	89	Hu
									30May71-13Jun71	15		
									14-28 Aug 71	15		
19Apr71-18Apr72	54	19Apr71-18Apr72	15	18Apr72	AEC	16	5	74	8Apr72	01	105	Walt
									21May72-4Jun72	15		
19Apr72-8Apr73	44	19Apr72-8Apr73	15	8Apr73	AEC	29	10	69	25Jun72-8Jul72	14	98	Hu
9Apr73-18Apr73	00	9Apr73-18Apr73	00					00			00	Hu
19Apr73-4Nov73	26	19Apr73-4Nov73	09	4Nov73	AEC	4	1	36	4Aug-19Aug73	16	52	Hu
5Nov73-18Apr74	26	5Nov73-18Apr74	6	18Apr74	AEC	1719	146	38			38	Hu
									15Jun74-16Jun74	2		
19Apr74-18Apr75	69	19Apr74-18Apr75	15	18Apr75	AEC	165	55	139	13Jul74-27Jul74	15	156	Hu
19Apr75-31Aug75	17			31Aug75	AEC	16	5	22	12Jul75-26Jul75	15	37	Hu
01Sep75-30Jan76	16	19Apr75-30Jan76	12					28			28	Hu

RE-2

LEGEND: Insert N/A to the items below which are not applicable

PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME	2. SERVICE NUMBER	3 a. GRADE, RATE OR RANK	b. DATE OF RANK (Day, Month, Year)					
	RESCORLA, CYRIL	RA 12 692 531	SGT (P) (E-5)	19 Oct 64					
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS	5. PLACE OF BIRTH (City and State or Country)	6. DATE OF BIRTH	DAY	MONTH	YEAR			
	ARMY-RA-INF	Hayle, Cornwall, England	27	May	39				
	7 a. RACE	b. SEX	c. COLOR HAIR	d. COLOR EYES	e. HEIGHT	f. WEIGHT	8. U.S. CITIZEN	9. MARITAL STATUS	
	NA	M	Brown	Blue	6'0"	180	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Single	
	10 a. HIGHEST CIVILIAN EDUCATION LEVEL ATTAINED		b. MAJOR COURSE OR FIELD						
	High School - 4 Yrs		Arts						
TRANSFER OR DISCHARGE DATA	11 a. TYPE OF TRANSFER OR DISCHARGE	b. STATION OR INSTALLATION AT WHICH EFFECTED							
	DISCHARGE	USA Inf Sch Ft. Benning, Georgia							
	c. REASON AND AUTHORITY	d. EFFECTIVE DATE	DAY	MONTH	YEAR				
	AR 635-205 SPN 214 To accept commission	18	Apr	65					
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND	13 a. CHARACTER OF SERVICE	b. TYPE OF CERTIFICATE ISSUED						
	53d Co (OC) The Stu Bde Ft Benning, Ga	HONORABLE	DD Fm 256A						
SELECTIVE SERVICE DATA	14. SELECTIVE SERVICE NUMBER	15. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE				16. DATE INDUCTED			
	NA	Local Board No. NA				DAY	MONTH	YEAR	
	17. DISTRICT OR AREA COMMAND TO WHICH RESERVIST TRANSFERRED	NA							
	18. TERMINAL DATE OF RESERVE OBLIGATION	19. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION	b. TERM OF SERVICE (Years)	c. DATE OF ENTRY					
	DAY MONTH YEAR	a. SOURCE OF ENTRY		DAY	MONTH	YEAR			
	NA	<input checked="" type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED <input type="checkbox"/> OTHER:	3	5	Jul	63			
	20. PRIOR REGULAR ENLISTMENTS	21. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE	22. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State)						
	None	Pvt E-1	New York City, New York						
SERVICE DATA	23. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County and State)	24. STATEMENT OF SERVICE	YEARS	MONTHS	DAYS				
	Tros Meneth, Foundry Hill, Hayle, Cornwall, England	a. CREDITABLE FOR BASIC PAY PURPOSES	(1) NET SERVICE THIS PERIOD	1	9	14			
	25 a. SPECIALTY NUMBER AND TITLE	b. RELATED CIVILIAN OCCUPATION AND D. O. T. NUMBER	(2) OTHER SERVICE	0	0	0			
	111.60 Lt Wps Infmn	NA	(3) TOTAL (Line (1)+line (2))	1	9	14			
			b. TOTAL ACTIVE SERVICE	1	9	14			
	26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED	c. FOREIGN AND/OR SEA SERVICE	0	0	0				
	Expert Infantryman Badge Good Conduct Medal (1st Awd)								
	27. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known)	None							
	28. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND/OR POST-GRADUATE COURSES SUCCESSFULLY COMPLETED	29. OTHER SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED							
	SCHOOL OR COURSE	DATES (From-To)	MAJOR COURSES						
	USA INF SCH	Oct 64-Apr 65	Inf Off Cand						
	30 a. GOVERNMENT LIFE INSURANCE IN FORCE	b. AMOUNT OF ALLOTMENT	c. MONTH ALLOTMENT DISCONTINUED						
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	NA	NA						
VA DATA	31 a. VA BENEFITS PREVIOUSLY APPLIED FOR (Specify type)	b. VA CLAIM NUMBER	c. NA						
	None								
AUTHENTICATION	32. REMARKS	33. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County and State)							
	Blood Group "O" SSAN: 129-36-8271	Tros Meneth, Foundry Hill, Hayle, Cornwall, England							
		34. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED	35 a. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER						
		Cyril Rescorla	ANNA H. KRYNISKI, CWO W-3 USA ASST ADJ						
		b. SIGNATURE OF OFFICER AUTHORIZED TO SIGN							
		Anna H. Kryniski							

G062ADP
0037

NATIONAL ARCHIVES AND RECORDS ADMINISTRATION
MPR FINDING AID REPORT

5/13/2003
06:41:24

129 36 8271

129 36 8271

RESCORLA RICHARD C

ART

V 0000 003 008

T

RECORD CHARGED TO:

SEARCHER:

DATE:

Cerify (33)

SSN: 129-36-8271

Name: Rescon LA, RICHARD C

DOB: 390527

DIEMS: 430705

DD108: RR0923

20 Qual: 840704

5 Qual:

Retired: 990527

Dischg:

Sex: M F

Tot Pts: 3008

Gr Ret: COL

Comes Gr: COL

Comp: USAR NG

Order Date: 990327

Cpt/Lt4: Yrs Enl/WO Svc: Yes No N/A

Order #: P03302071

Qual Time: 220914

Longevity: 351022



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
U.S. ARMY RESERVE PERSONNEL COMMAND
1 RESERVE WAY
ST. LOUIS, MISSOURI 63132-5200

ARPC-PSP-T
ORDERS P-03-302071

27 March 1999

Richard C. Rescorla
6h Dorado Drive
Morristown, NJ 07960

129 36 8271 COL

You are retired and placed on the retired list indicated. No travel involved.

Date placed on retired list: 27 May 1999
Retired list: AUS Retired
Assigned to: N/A
Retired Grade: Colonel
Additional instructions: Authorized retired pay under Sec. 12731, 10 USC.
Format: 686

FOR THE COMMANDER:

* AR-PERSCOM *
* OFFICIAL *

THURMAN P. SHARPLES, III
LTC, AG
Chief, Personnel Services Division

DISTRIBUTION: F1

23 SEP 1998 ✓

1883

ATTACHED

APPLICATION FOR RETIRED PAY BENEFITS		See reverse side for Instructions and Privacy Act Statement.		Form Approved OMB No. 0704-0051	
1. TO CDR, ARPERCEN ATTN: ARPC-PAR-SSC 9700 PAGE BOULEVARD ST LOUIS, MO 63132-5200		2. DATE OF BIRTH 05-27-39		3. DATE RETIRED PAY TO BEGIN 05-27-99	
5. APPLICANT NAME (Last, First, Middle Initial) RESORLA, RICHARD C.		4. HIGHEST GRADE HELD COL, 06		6.b. SOCIAL SECURITY NUMBER 129-36-8271	
7. PRESENT HOME ADDRESS (Street, City, State and Zip Code) 6 H DORADO DRIVE MORRISTOWN, N.J. 07960		8. PRESENT ASSIGNMENT RETIRED RESERVE			

SERVICE BEFORE 1 JULY 1949

9. ARMED FORCE AND COMPONENT	10. GRADE OR RATING	11. APPROXIMATE DATES OF SERVICE						12. ACTIVE DUTY								
		a. FROM			b. TO			a. FROM			b. TO					
		DAY	MONTH	YEAR	DAY	MONTH	YEAR	DAY	MONTH	YEAR	DAY	MONTH	YEAR			
	A															

SERVICE AFTER 30 JUNE 1949

13. RETIREMENT YEAR						14. ARMED FORCE AND COMPONENT	15. GRADE OR RATING	16. ACTIVE DUTY						17. RETIREMENT POINTS EARNED
a. FROM			b. TO					a. FROM			b. TO			
DAY	MONTH	YEAR	DAY	MONTH	YEAR			DAY	MONTH	YEAR	DAY	MONTH	YEAR	
07	05	63	18	04	94	U.S. ARMY	COL 06	05	04	63	18	4	67	3008 (ATTACHED) 249-2-E

18. SIGNATURE Richard C. Resorla	19. DATE SIGNED 9-18-98
-------------------------------------	----------------------------

INSTRUCTIONS

This form is to be submitted in one copy (*duplicate for Naval personnel*). Entries must be typewritten or hand printed. Brief instructions for making entries on the reverse side are provided below in numerical order. Submission of official statements of service is not required. If all information required is not readily available, prepare form to the best of your ability.

ITEM 1 - Addresses of Headquarters of Armed Forces for purpose of forwarding application for retired pay are listed below. Application will be addressed to the Armed Force in which you are presently (or were last) a member.

ARMY: Commander
 United States Army Reserve Personnel Center
 9700 Page Boulevard, St Louis, MO 63132-5200

NAVY: Commanding Officer
 Naval Reserve Personnel Center (Code 25)
 New Orleans, LA 70149-0001

AIR FORCE: United States Air Force Military Personnel Center (AFPMPR)
 Building 499 C
 Randolph Air Force Base, TX 78148-9997

MARINE CORPS: Commandant
 United States Marine Corps
 (Code MMSR-5)
 Washington, DC 20380-0001

COAST GUARD: Commandant
 United States Coast Guard (SP-4)
 Washington, DC 20593-0001

ITEM 2 - Enter correct date of birth (*proof of date of birth may be required before final action is taken on application*).

ITEM 3 - Enter date you desire retired pay to begin (*can not be before age 60*).

ITEM 4 - Enter your name in the order indicated.

ITEM 5 - Enter highest grade or rating held in Armed Forces.

ITEM 6.a. - Enter service (serial) number. If you have been a member of more than one Armed Force, enter the service number of each, i.e. "2 532 430 ARMY" and "603-1-91 NAVY."

ITEM 6.b. - Enter your Social Security Number.

ITEM 7 - Enter your present home address.

ITEM 8 - Enter the complete designation of your present organization. If you are presently a member of a National Guard organization, give name of state. If not a member of a reserve organization, enter "none."

ITEM 9 - Enter the Armed Force and component for periods of service covered in Item 11. Example: "Army, USAR" "Navy, USNR." All enlisted service will include organization to which you were assigned. For National Guard service, include name of state.

ITEM 10 - Enter the highest grade or rating held during each period of service shown in Item 11.

ITEM 11 - Enter approximate dates of each individual period of service. Example: 2 May 1936 to 1 May 1939; 20 Oct 1942 to 15 Nov 1946.

ITEM 12 - Enter inclusive dates of all periods of active duty performed during each individual period of service indicated in Item 11.

ITEM 13 - Enter inclusive dates of each individual year of service performed after 30 June 1949. Example: If you were a member of a reserve component on 1 July 1949, your retirement year will be from 1 July 1949 to 30 June 1950, your second year will be 1 July 1950 to 30 June 1951, etc. If you were not a reservist on 1 July 1949 or have had a break in service since that time, your retirement year will begin on the date of acquiring an active status in a reserve component and end one year later. Example: 15 Sep 1956 to 14 Sep 1957.

ITEM 14 - Enter the Armed Force and component in which you served during each year as shown in Item 13. All enlisted service will also include the organization to which you were assigned during the year specified, and, in case of National Guard service, name of state.

ITEM 15 - Enter highest grade or rating held during each year of service shown in Item 13.

ITEM 16 - Enter inclusive dates of all periods of active duty, including active duty for training, performed during the year or years indicated in Item 13.

ITEM 17 - Enter the total retirement points earned for each period shown in Item 13. This total to include points earned through drills, correspondence courses, active duty, membership, etc.

ITEM 18 - Place your signature in this space. Signature appearing therein must coincide with the name shown in Item 4.

ITEM 19 - Insert date application is prepared.

NOTE: Primary purpose of Items 9 through 17 is to enable reviewing authority to verify service which may not be of record.

Privacy Act Statement

AUTHORITY: 10 U.S.C. 1331; EO 9397, November 1943 (SSN).

PRINCIPAL PURPOSE: Used by members and former members of the Reserve Components to apply for retired pay at age 60. Application is reviewed to determine eligibility.

ROUTINE USES: Information provided by the individual is used to:
 a. Identify the individual and his or her service record.
 b. Determine eligibility for retired pay under 10 U.S.C. 1331.
 c. Determine effective date that retired pay can and will commence.

DISCLOSURE: Voluntary; however, unless this form is completed, the individual will not receive retired pay.

SECTION I - PAY IDENTIFICATION

1. NAME (LAST, First, Middle Initial) RESCORLA, Richard C.	2. SOCIAL SECURITY NUMBER 129-36-8271	3. RETIREMENT/TRANSFER DATE (Actual date pay will start) 05-27-99	4. DATE OF BIRTH 05-27-39
5. RANK/RATE/BRANCH OF SERVICE COL, 06 U.S.A.R.	6. ROUTING NUMBER (See instructions) [REDACTED]	7. TYPE OF ACCOUNT (Savings (S) or Checking (C)) (C) CHECKING	8. ACCOUNT NUMBER (See instructions) [REDACTED]
9. FINANCIAL INSTITUTION NAME AND ADDRESS (Street, City, State, and 9-digit ZIP Code) PNC BANK 22 SOUTH STREET MORRISTOWN, NJ 07960-0000	10. CORRESPONDENCE ADDRESS (Street, Apartment No., City, State, 9-digit ZIP Code and Telephone Number) 6 H DORADO DRIVE MORRISTOWN, NJ 07960 (973)-898-6545		

SECTION II - FEDERAL EMPLOYMENT AGREEMENT (See Forms Completion Instructions)

11. CERTIFICATION/SIGNATURE OF EMPLOYEE My signature signifies that I agree to notify the respective DFAS Center when I become employed by a Federal Agency. I will provide the effective date of employment, name and address (including ZIP Code) of the employing agency, and the amount of my salary. Richard C. Rescorla SIGNATURE OF EMPLOYEE	12. COMPLETE ONLY IF YOU ARE A MEMBER OR FORMER MEMBER OF THE RESERVE COMPONENTS NOT ON ACTIVE DUTY RETIRING AT AGE 60.	
	a. Do you receive or were you receiving on the date of retirement any VA compensation or salary from another Federal agency? US Army 233864067	b. Effective Date of Payment or Salary 1-1-98
	c. NAME AND ADDRESS OF FEDERAL AGENCY (Include 9-digit ZIP Code) OF VETERANS ADMINISTRATION REGIONAL OFFICE 20 WASHINGTON PL, NEWARK, NJ 07102-0000	
	d. TYPE OF PAYMENT DISABILITY	e. AMOUNT OF PAYMENT 75% MONTH

SECTION III - DESIGNATION OF BENEFICIARIES FOR UNPAID RETIRED PAY

13. a. NAME (LAST, First, Middle Initial)	b. ADDRESS (Street, City, State and ZIP Code)	c. RELATIONSHIP	d. SHARE
RESCORLA, BETSY N.	8G DORADO DRIVE MORRISTOWN, NJ 07960-0000	FORMER SPOUSE	100%
			%
			%
			%

SECTION IV - FEDERAL INCOME TAX WITHHOLDING INFORMATION (Submit information in Items 14 - 17 in lieu of IRS Form W-4 for tax purposes)

14. MARITAL STATUS <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married but withhold at higher single rate	15. TOTAL NUMBER OF EXEMPTIONS CLAIMED TWO	16. ADDITIONAL WITHHOLDING (OPTIONAL) 20%	17. CLAIM EXEMPTION FROM WITHHOLDING; ENTER "EXEMPT" EXEMPT
18. ARE YOU A UNITED STATES CITIZEN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If "no," see Section IV instructions).			

SECTION V - VOLUNTARY STATE TAX WITHHOLDING

19. STATE DESIGNATED TO RECEIVE TAX N/A	20. REQUESTED MONTHLY AMOUNT (Not less than \$10.00) 100%	21. RESIDENCE ADDRESS (If different than address listed in Item 10, enter Street, Apartment No., City, State and 9-digit ZIP Code) [REDACTED]
---	---	---

SECTION VI - DEPENDENCY INFORMATION

22. SPOUSE NAME (LAST, First, Middle Initial) RESCORLA, BETSY N.	23. SPOUSE SOCIAL SECURITY NUMBER [REDACTED]	24. SPOUSE DATE OF BIRTH 05-14-50		
25. DATE OF MARRIAGE 06-10-72, 1972	26. PLACE OF MARRIAGE (City and State) DALLAS TX.			
27. LIST YOUR DEPENDENT CHILD(REN) (Designate which child(ren) resulted from marriage to former spouse, if any. Indicate (FS) after the relationship on "RELATIONSHIP" item. Use separate sheet of paper to list additional children.)				
NAME a.	DATE OF BIRTH b.	SOCIAL SECURITY NUMBER c.	RELATIONSHIP (son, daughter, stepson, etc.) d.	DISABLED (Yes or No) e.
TREVOR SCOTT RESCORLA	01-15-76	[REDACTED]	SON	NIC
KIMBERLY JEAN RESCORLA	07-2-78	[REDACTED]	DAUGHTER	NIC

SECTION VII - SURVIVOR BENEFIT PLAN (SBP) ELECTION (See your Survivor Benefit Plan counselor before making an election.)

28. BENEFICIARY CATEGORY (IES) (Check only one item AND circle applicable word)

- a. I elect coverage for spouse only. (I do/do not have dependent children.)
- b. I elect coverage for spouse and child(ren).
- c. I elect coverage for children only. (I do/do not have a spouse.)
- d. I elect coverage for the person named in Item 30 who has an insurable interest in me (See Forms Completion Instructions).
- e. I elect coverage for the person named in Item 30 who is my former spouse (See Forms Completion Instructions and complete Former Spouse Election Statement).
- f. I elect coverage for the person named in Item 30 who is my former spouse and dependent child(ren) of that marriage (See Forms Completion Instructions and complete Former Spouse Election Statement).
- g. I elect not to participate in SBP (I do/do not have eligible dependents under the plan.)

29. LEVEL OF COVERAGE: (Complete unless 28d or 28g was selected above. See Forms Completion Instructions)

- a. I elect coverage to be based on full gross retired pay.
- b. I elect coverage with a reduced base amount of \$ _____ (See Forms Completion Instructions).
- c. I elect basic coverage based on full gross pay plus supplemental coverage of (Check one)

	NONE		5%		10%		15%		20%
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By electing supplemental coverage, I understand that I waive my right to use the social security offset method of computing the Survivor Benefit at age 62 and older (See Forms Completion Instructions).

30. NAME OF INSURABLE INTEREST OR FORMER SPOUSE BENEFICIARY (LAST, First, Middle Initial) **RES CORLA, BETSY N.**

31. SOCIAL SECURITY NUMBER [REDACTED]

32. RELATIONSHIP **FORMER SPOUSE**

33. DATE OF BIRTH **05-14-50**

34. ADDRESS (Street, City, State and ZIP Code)
**8 G DORADO DRIVE
 MORRISTOWN, N.J. 07960**

SECTION VIII - SURVIVOR BENEFIT SPOUSAL CONCURRENCE (Required when member is married and does not elect full coverage.)

I hereby concur with the Survivor Benefit Plan election made by my spouse. I have received information that explains the options available and the effects of those options. I have signed this statement of my own free will.

35. SIGNATURE OF SPOUSE _____

36. DATE _____

37. NAME OF WITNESS (LAST, First, Middle Initial) _____

38. SIGNATURE OF WITNESS _____

39. ADDRESS OF WITNESS (Street, City, State and ZIP Code) _____

40. DATE _____

SECTION IX - CERTIFICATION

Under penalties of perjury, I certify that the number of withholding exemptions claimed does not exceed the number to which I am entitled, and that all statements on this form are made with full knowledge of the penalties for making false statements (18 U.S. Code 287 and 1001 provide for a penalty of not more than \$10,000 fine, or 5 years in prison, or both).

41. SIGNATURE OF MEMBER **Richard L. Rescorla**

42. DATE **9-18-98**

43. NAME OF WITNESS (LAST, First, Middle Initial) **HILL, DANIEL J. CAPT AUS RET**

44. SIGNATURE OF WITNESS **Daniel Hill**

45. ADDRESS OF WITNESS (Street, City, State and ZIP Code)
5287 REDBIRD RD., ST. AUGUSTINE, FL. 32084

46. DATE **9-18-98**