



RETIREMENT APPLICATION (FORM RP-7M)

PLEASE READ INSTRUCTIONS CAREFULLY

THIS RETIREMENT APPLICATION MUST BE COMPLETED
WITH YOUR LOCAL NAF HUMAN RESOURCES OFFICE

THIS RETIREMENT APPLICATION IS **ONLY FOR ACTIVE EMPLOYEES, WITH A MARITAL STATUS OF MARRIED**. FOR ESTIMATE REQUEST, PLEASE COMPLETE FORM RP-3

****NOTE: IF YOU ARE TERMINATED AND APPLYING FOR A DEFERRED ANNUITY, OR HAVE A VESTED INTEREST WITH THE RETIREMENT PLAN, PLEASE DO NOT COMPLETE THIS APPLICATION. INSTEAD, PLEASE CONTACT THE RETIREMENT RESOURCE TEAM:**

APPLICATION INSTRUCTIONS

1. Please type or use blue or black ink.
2. Please **PRINT** clearly.
3. Complete all required sections.
4. Ensure ALL selections are clearly marked with an "X"
5. Ensure ALL required "*Employee Initials*" and "*Signatures*" are obtained.
6. Return to your local NAF HR Office for completion and mailing.

Once the Retirement Application is complete, you will also complete the attached:

- Form W4-P Withholding Certificate for Pension or Annuity Payments
- Direct Deposit Form

CONGRATULATIONS ON YOUR DECISION TO RETIRE...LET'S BEGIN!



COMMANDER, NAVY INSTALLATIONS COMMAND
NON-APPROPRIATED FUND RETIREMENT PLAN
RETIREMENT APPLICATION

SECTION I: GENERAL INFORMATION

-Complete by local NAF HR Office-

1. Employee Name: _____
(Last) (First) (MI)
2. Current Employee Address: _____
(Street) (City) (State) (Zip)
3. Employee Contact No.: (____) ____ - _____
4. Date of Birth: ____/____/____ (Provide copy of Birth Certificate)
(MM) (DD) (YYYY)
5. Regular Hire Date: ____/____/____ 6. Expected Retirement Date: ____/____/____
(MM) (DD) (YYYY) (MM) (DD) (YYYY)
7. Enrollment Date: ____/____/____
(MM) (DD) (YYYY)
8. Buyback of Credited Service: ☐ Yes ☐ No
9. Other DoD NAFI Service: ☐ Yes ☐ No
10. Prior Enrollment in GS Retirement Plan (FERS/CSRS): ☐ Yes ☐ No



SECTION II: ANNUITY SELECTION

-Complete by Employee-

Please read each option carefully, and select **only one** survivor benefit election below: *(Clearly mark selection with an "X")*

It is important to understand that once your annuity payment begins, you cannot change your survivor benefit election.

☐ Annuity With Survivor Benefit

I acknowledge by selecting an annuity with survivor benefit, the amount of my annuity will be reduced by 10%. If the marriage is dissolved either by the death of my spouse, divorce, or annulment, the survivor benefit reduction of my annuity will discontinue, restoring the annuity to the full amount; provided that written documentation is presented.

Upon my death, the amount of the survivor annuity to my spouse will be 55% of my payable annuity. I understand that my spouse will continue to receive this monthly payment until their death, or if my spouse is remarried before the age of 60.

Name
(Spouse's Full Name)

SSN

Date of Birth
(MM/DD/YYYY)

_____ - ____ - ____ / ____ / ____ (Provide copy of Marriage Cert.)

Contingency Beneficiary – In the event unused contributions still remain after you and your spouse have passed, the following beneficiary/beneficiaries have been elected.

(Please note contingency beneficiary will not be applicable if there is a surviving spouse.)

Name
(Full Name)

Percent

SSN

Birth Date
(MM/DD/YYYY)

_____	_____ %	_____ - ____ - ____	_____ / ____ / ____
_____	_____ %	_____ - ____ - ____	_____ / ____ / ____
_____	_____ %	_____ - ____ - ____	_____ / ____ / ____
_____	_____ %	_____ - ____ - ____	_____ / ____ / ____
	100 %		

**(CONT.) SECTION II: ANNUITY SELECTION***-Complete by Employee-*☐ **Annuity Without Survivor Benefit**

I acknowledge by selecting an annuity without survivor benefit, **my spouse will not receive a monthly annuity payment after my death.** The beneficiary I select will only be entitled to a return of my unused employee contributions plus interest; if any remain.

If the total amount of retirement payments exceeds my employee contributions plus interest, there will be no benefit paid to my appointed beneficiary as a result of my death.

_____ *Employee Initials*

Spousal Consent – I, _____, hereby acknowledge and consent to my spouse's election of an annuity without survivor benefit.

(Spouse's Signature)

(Date)

(Notary Signature)

(Date)

(Date Commission Expires)

The beneficiary/beneficiaries I have selected are as follows:

Name (Full Name)	Percent	SSN	Birth Date (MM/DD/YYYY)
_____	_____ %	_____ - _____ - _____	_____/_____/____
_____	_____ %	_____ - _____ - _____	_____/_____/____
_____	_____ %	_____ - _____ - _____	_____/_____/____
_____	_____ %	_____ - _____ - _____	_____/_____/____
	100 %		

By signing the Annuity Selection form, I indicate that I have read and fully understand the terms and conditions of my selection.

(Employee Signature)

(Date)

(Local NAF HR Representative Signature)

(Date)



**SECTION III: SUPPLEMENTAL SOCIAL SECURITY BENEFIT INFORMATION FOR
EMPLOYEES RETIRING BEFORE THE AGE OF 62**

(Age 62 or older, skip this section)

-Complete by Employee-

A fraction of your annuity is reduced by the Social Security benefit you will receive once you have reached the age of 62 or older. The payment you receive from the Social Security Administration (SSA) **is not** impacted.

You may elect to provide a copy of your Social Security Benefit Estimate from the SSA. The SSA Benefit Estimate must be dated within one year of your requested retirement date. Should you choose not to request an estimate from SSA; we will gladly calculate your Social Security Benefit for you using your prior year's earnings and the SSA table. Should you elect to submit a SSA Benefit Estimate, we will utilize the Social Security amount that will produce the highest benefit payment to you.

Please make your selection below: *(Clearly mark selection with an "X")*

☐ I have provided a Social Security Benefit Estimate.

☐ I understand that I may provide a Social Security Benefit Estimate; however, I elect not to do so.

(Employee Signature)

(Date)

AUTHORIZATION

I certify that I have examined the information provided on this application and that it is true, accurate and complete. I understand that any misrepresentation or concealment of any information requested in this application may be subject to liability and penalties.

(Employee Printed Full Name)

(Employee Signature)

(Date)



SECTION IV: FINAL CHECKLIST

-Complete by local NAF HR Office -

To ensure the employee's retirement application is processed on a timely basis, the Retirement Resource Team (RRT) encourages the local NAF HR Office to review this final checklist to assist in completing the retirement package.

- ☐ Completed Retirement Application (Form RP-7M)
- ☐ Employee OPF
- ☐ Copy of Birth Certificate
- ☐ Copy of Marriage Certificate (*If applicable*)
- ☐ Completed W4-P Withholding Certificate for Pension or Annuity Payments
- ☐ Completed Direct Deposit Form

Send completed retirement package and all required documentation to:

Email: mill_cnic_retirement@navy.mil
Fax: (901) 874-6844
Mail: Retirement Resource Team (N94R)
Commander, Navy Installations Command
5720 Integrity Drive
Building 457
Millington, TN 38055-6540