

US ARMY NONAPPROPRIATED FUNDS - DISPOSITION OF RETIREMENT BENEFITS

For use of this form, see AR 215-3; the proponent agency is DCS, G1.

PRIVACY ACT STATEMENT**AUTHORITY:** 10 USC 7013, Secretary of the Army; 26 USC 401, Qualified Pension, profit-sharing, and stock bonus plans; Public Law 104-106, The National Defense Authorization Act for Fiscal Year 1996; DoD Instruction 1400.25, Volume 1408, Insurance and Annuities for Nonappropriated Fund (NAF) Employees; Army Regulation 215-3, Nonappropriated Funds Instrumentalities Personnel Policy; and E.O. 9397 (SSN), as amended.**PRINCIPAL PURPOSE:** To prepare a refund or deferred annuity as requested from terminating employees; process a monthly annuity payment for retiring employees, and to process survivor benefits. See the Systems of Records Notice A0215-1 HQ IMCOM (G-9), Non-appropriated Fund Employee Insurance and Retirement Files <https://dpclid.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570007/a0215-1-cfsc.aspx>**ROUTINE USES:** This information may be disclosed as described in the routine uses of the Privacy Act of 1974, 5 U.S.C. 552 a(b)(3), as well as the routine uses listed in SORN A0215-1, to include, the Office of Personnel Management (OPM) concerning information on pay and leave, benefits, retirement reductions, and any other information necessary for the OPM to carry out its legally authorized government-wide personnel management functions and studies.**DISCLOSURE:** Voluntary, however, failure to provide the information within one year of termination of employment will result in automatic refund of contributions and denial of annuity.**PUBLIC BURDEN:** We estimate the public burden for providing this information will vary from 10 to 20 minutes with an average of 15 minutes, including time for review instructions. You may send comments regarding the burden estimate or any other aspects of the collection of the information, including suggestions for reducing this burden, to the Department of the Army, NAF HR Policy & Programs Division ATTN: DAPE-CPN 6010 6th Street Building 1465 Mail Stop 5595 Fort Belvoir, VA 22060.**SECTION I - GENERAL INFORMATION**

1. EMPLOYEE'S NAME (<i>Last, first, MI</i>)		2. SOCIAL SECURITY NUMBER	3. DATE OF BIRTH (YYYYMMDD)
4a. COMPLETE MAILING ADDRESS		4b. E-MAIL ADDRESS	
5a. AREA CODE/TELEPHONE NUMBER	5b. FAX TELEPHONE NUMBER	6. SERVICE COMPUTATION DATE (YYYYMMDD)	7. DATE OF SEPARATION AND REASON (YYYYMMDD)
8. ACCUMULATED SICK LEAVE HOURS	9. EMPLOYING NAF:	10. STANDARD NAF NUMBER	
11. MARITAL STATUS <input type="checkbox"/> NOT MARRIED <input type="checkbox"/> MARRIED	12. NAME OF LEGAL SPOUSE (<i>Last, First, MI</i>)		
13. SOCIAL SECURITY NUMBER OF LEGAL SPOUSE	14. DATE OF BIRTH OF LEGAL SPOUSE (YYYYMMDD)	15. DATE OF MARRIAGE (YYYYMMDD)	

An official copy of the Death Certificate, Divorce Decree, Property Settlement Agreement and/or Qualified Domestic Relations Order (as applicable) is required to be submitted to the Employee Benefits Office with this document. The date of marriage in block 15 has been verified by satisfactory evidence and benefits authorized. The below Retirement Fund Options are payable in accordance with the Army NAF Retirement Plan.**SECTION II - RETIREMENT FUND OPTIONS**

16. CHECK ONE:
In accordance with AR 215-3

a. Employee contributions plus interest will be paid to employees who request a refund. Participating employees with 5 years or more credited service are vested and entitled to employer's share. When a vested employee requests a refund, a waiver from his or her spouse (if married) consenting to the refund of contributions instead of the lifetime benefit is required.

I request a refund of my contributions and accumulated interest in full satisfaction of all annuity payable.
 I understand that electing a refund of my contributions plus interest voids my eligibility to receive any future monthly retirement benefit and accepting this refund is the final payment. If married, waiver from the spouse consenting to the refund of contributions instead of the lifetime benefit is required.

b. Employees with less than five years of creditable service may request that their contributions remain on deposit for retirement purposes. Upon reemployment/reinstatement their service will be fully creditable for retirement plan.

I request my contributions remain in deposit for a maximum of 5 years.

c. Immediate annuity can be normal or early retirement.
Normal retirement. Employees who have participated in the plan 5 years or more and are age of 62 or older at the time of retirement will receive an unreduced benefit upon retirement.
Early retirement. Employees who have participated in the retirement plan for 5 years and are age of 52, or who have participated in the plan 20 years and are age of 50, are eligible for a reduced retirement benefit payable immediately.
Employees who are of age 55 with 30 years of credited service, or of age 60 with 20 years of credited service, may retire at any time with an unreduced benefit.

I request an immediate Annuity (*Normal or Early Retirement*)

d. When the employee separates before age 62 and is **vested** in a retirement plan, they may elect **deferred** annuity, which would allow them to start receiving their monthly retirement annuity at age 62. Note: If an employee is ELIGIBLE to retire (see above), they may NOT leave money on deposit. They must elect either a deferred or immediate annuity. Retiree **medical and life insurance benefits are not available** to an employee who elects a deferred annuity.

I request a Deferred Annuity payable at age 62.

e. An employee who is participating in the plan with 5 years of creditable service is eligible for disability retirement.
 I request Disability Retirement.

f. When employee is receiving workers' compensation benefits, their disability benefit when combined with their workers' compensation benefit, cannot exceed 90% of their HI-3 salary used in calculation of their monthly benefits.
 I request Disability Retirement due to work related injury.

g. A survivor benefit is payable to the spouse of a participant who has 5 years of credited service under the plan and who dies while actively employed. The spouse must have been married to the employee for at least 1 year immediately preceding the employee's death.
 I request Survivor Benefits.

SECTION III - EMPLOYEE'S OR SURVIVOR SIGNATURE

17. SIGNATURE OF EMPLOYEE/SURVIVOR

18. DATE (YYYYMMDD)

SECTION IV - VERIFICATION AND CPU MAILING ADDRESS AND SIGNATURE

19. The above information has been verified from the employee's personnel records and DA Form 3473 coded 04 is attached.

a. CPU SIGNATURE

b. DATE (YYYYMMDD)

c. MAILING ADDRESS

d. E-MAIL ADDRESS