



DEFERRED ANNUITY APPLICATION (FORM RP-7D)

PLEASE READ INSTRUCTIONS CAREFULLY

THIS DEFERRED ANNUITY APPLICATION IS **ONLY FOR TERMINATED VESTED EMPLOYEES** AND MUST BE COMPLETED WITH A RETIREMENT RESOURCE TEAM EMPLOYEE. PLEASE CONTACT THE RETIREMENT RESOURCE TEAM AT (901) 874-2278 OR EMAIL US AT mill_cnic_retirement@navy.mil, AND A KNOWLEDGEABLE EMPLOYEE WILL RESPOND TO YOU IN A TIMELY MANNER.

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.

Once the Deferred Annuity Application is complete, you will also complete and attach:

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

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

(CNIC use) SAP No.:



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

SECTION I: GENERAL INFORMATION

-Complete by Former Employee-

1. Employee Name: _____
(Last) (First) (MI)

2. Current Employee Address: _____
(Street) (City) (State) (Zip)

3. Employee Contact No.: (____) ____ - _____

4. Date of Birth: ____/____/____ (Obtain a 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 Former Employee-

Based on your deferred annuity election, an automatic selection of Annuity Without Survivor Benefit will be applied. Please complete the section below to elect a beneficiary/beneficiaries to your plan.

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

I have been made aware 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 death benefit paid to my appointed beneficiary as a result of my death.** _____ *Employee Initials*

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

(Employee Signature) *(Date)* *(RRT 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 Former 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 Retirement Resource Team -

To ensure the employee's retirement application is processed on a timely basis, please review this final checklist to assist in completing the retirement package.

- Completed Retirement Application (Form RP-7D)
- Employee OPF
- Copy of Birth Certificate
- 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