

ANNUITY APPLICATION

(Read Agency Disclosure Notice, Privacy Act Statement, and Instructions before completing form.)

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AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Directives Division, 4800 Mark Center Drive, East Tower, Suite 02G09, Alexandria, VA 22350-3100 (0702-XXXX). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR RESPONSE TO THE ABOVE ADDRESS.

Responses should be sent to your local Exchange HR Representative or to the Treasury Benefit department at the Army and Air Force Exchange Service, 3911 South Walton Walker Blvd., Dallas, TX 75236-1598.

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 U.S.C. 3013, "Secretary of the Army"; Title 10 U.S.C. 8013, "Secretary of the Air Force"; Title 42 U.S.C. 659, "Consent by United States to income withholding, garnishment, and similar proceeding for enforcement of child support and alimony obligations"; 31 CFR 285.11, "Administrative Wage Garnishment"; DoD Directive 7000.14-R, Volume 13 and 16, "DoD Financial Management Regulation"; Department of Defense Instruction (DoDI) 1400.25, Volume 1408, "DoD Civilian Personnel Management System: Insurances and Annuities for Nonappropriated Fund (NAF) Employees"; Army Regulation 215-8/AFI 34-211(I), "Army and Air Force Exchange Service Operations"; and E.O. 9397 (SSN), as amended.

PRINCIPAL PURPOSE(S): Information collected is to provide the basis for computing civilian/retiree/survivor pay deductions and for processing of insurance benefits chosen by active Exchange associates.

ROUTINE USE(S): Your records may be disclosed outside of DoD pursuant to Title 5 U.S.C. §552a(b)(3) regarding DoD "Blanket Routine Uses" published at <http://dpcl.d.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx>. Information may be disclosed to former spouses and/or survivors, to federal, state, or local child support agencies for purposes of assisting the agencies in the discharge of their responsibilities under federal and state law.

DISCLOSURE: Voluntary, however, failure to provide all the requested information may result in the denial of your application for benefits.

SYSTEM OF RECORD NOTICE: AAFES 0703.07 "Employee Pay System Records"; <http://dpcl.d.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/570129/aafes-070307.aspx>
AAFES 0903.06 "Personnel Management Information System"; <http://dpcl.d.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/570130/aafes-090306.aspx>

INSTRUCTIONS

1. The following application is completed by an active Exchange employee once their request for retirement has been approved.
2. The FACT sheet on the second page of the application should be reviewed before information is provided. Questions should be addressed to the Human Resource (HR) representative or to the Headquarters Benefit Department.
3. Employee personal information is collected on the first page of the application.
4. Section A collects the employee's annuity choices and survivor's designation.
5. Section B is answered and provides information on any previous workers' compensation claims. This information may affect annuity payments.
6. Section C is completed by employees who have served in the Military.
7. Section D should be signed and witnessed by the HR representative.
8. Section E should be signed by the employee if hired prior to 1967, their survivors and spouse. This section should be witnessed.
9. Questions or issues completing the enrollment form should be first directed to the employee's HR representative or to the Exchange's Human Resource Support Center at 800-508-8466.

ARMY AND AIR FORCE EXCHANGE SERVICE ANNUITY APPLICATION (FACT SHEET ON REVERSE)						
MEMBER'S NAME (Last, First, MI)			BIRTH DATE	FACILITY NAME		
ADDRESS			SOCIAL SECURITY NO.	NORMAL RETIREMENT DATE		
CITY	STATE	ZIP CODE	SEX <input type="checkbox"/> M <input type="checkbox"/> F	MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED (Includes single, widowed and divorced)		
SECTION A - ELECTION OF ANNUITY (see reverse to designate type of annuity)			FOR HQ USE ONLY	EMPLOYEE CONTRIBUTION	ONLY	+ INTEREST
<input type="checkbox"/> RETIREMENT ANNUITY <input type="checkbox"/> DISABILITY ANNUITY (Requires Attending Physician's Statement, 1700-006)				PRIOR TO 1972		
<input type="checkbox"/> ANNUITY WITH SURVIVOR BENEFITS <input type="checkbox"/> BASIC PLAN (All participants must complete.) <input type="checkbox"/> SUPPLEMENTAL PLAN (EMP only) <input type="checkbox"/> All <input type="checkbox"/> None				AFTER 1972		
<input type="checkbox"/> ANNUITY WITHOUT SURVIVOR BENEFIT				CONTRIBUTIONS CURRENT YEAR		
				TOTAL EMPLOYEE CONTRIBUTIONS		
NONSELECTION OF MAXIMUM SURVIVOR ANNUITY ACKNOWLEDGMENT			SPOUSE'S SIGNATURE			
As the spouse of _____, I fully understand that he/she has not elected the maximum survivor benefits under the provisions of the Exchange Retirement Plan(s) which would provide the maximum annuity to continue to me in the event my spouse should predecease me.			WITNESS TO SPOUSE'S SIGNATURE (OTHER THAN SPOUSE)			
NAME OF SURVIVOR (Spouse Only If Married)		ADDRESS (Number and Street)		CITY	STATE ZIP CODE	
RELATIONSHIP	U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF BIRTH	SOCIAL SECURITY NO.	SIGNATURE OF SPOUSE		
NAME OF SURVIVOR(S) (if Unmarried)		ADDRESS (Number and Street)		CITY	STATE ZIP CODE	
RELATIONSHIP	U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF BIRTH	SOCIAL SECURITY NO.	SIGNATURE OF SURVIVOR		
SECTION B - WORKERS' COMPENSATION						
HAVE YOU FILED AN EXCHANGE WORKERS' COMPENSATION CLAIM? <input type="checkbox"/> YES <input type="checkbox"/> NO IS THE CLAIM OPEN? <input type="checkbox"/> YES <input type="checkbox"/> NO						
I understand that if I have received, or later receive, Exchange Workers' Compensation payments, my retirement annuity may be offset to recover any overpayment, or reduced, in accordance with maximum benefits payable under the Exchange Retirement Plan.						
EMPLOYEE'S SIGNATURE			WITNESS TO SIGNATURE			
SECTION C - MILITARY SERVICE						
Have you performed active duty in the Armed Forces of the United States that terminated? If "YES" complete the questions below. Attach copy of Discharge/Separation Certificate.				HONORABLY? <input type="checkbox"/> YES <input type="checkbox"/> NO		
BRANCH OF SERVICE	SERIAL NUMBER	ENTRANCE ON ACTIVE DUTY		SEPARATION FROM ACTIVE DUTY		
Are you in receipt of, have you ever applied for, or are you entitled to draw military retirement pay? (Retirement pay does not include VA pension or compensation) <input type="checkbox"/> YES <input type="checkbox"/> NO						
If "YES", is such retirement pay:						
A. Due to a service connected disability incurred in combat with an enemy of the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO						
B. Due to a service connected disability caused by an instrument of war and incurred in line of duty during a period of war? <input type="checkbox"/> YES <input type="checkbox"/> NO						
C. Under the provisions of Chap. 67, Title 10, United States Code pertaining to retirement from reserve component of the Armed Forces? <input type="checkbox"/> YES <input type="checkbox"/> NO						
If A, B or C above is "YES", submit a copy of retirement orders.						
SECTION D - CERTIFICATION OF MEMBER						
I understand that the retirement benefit elected above will begin the 1st of the month following my last day worked in accordance with the Retirement Plan under which I am covered. I certify that the information on this form and birth dates submitted are true and correct to the best of my knowledge. I also agree to assign to the proper payment provider a portion of my annuity if required to satisfy any overpayment made by the provider. I have read the fact sheet pertinent to designation of type of annuity.						
EMPLOYEE'S SIGNATURE		WITNESS SIGNATURE		DATE		
SECTION E - RELEASE CLAUSE (If Employed with the Exchange prior to 1967)						
In consideration of the Army and Air Force Exchange Service securing from Bankers Trust its agreement to periodically pay the benefits to which I am entitled under Group Annuity Contract 185 GAC, and/or Aetna 3055 the continuation of such payments being guaranteed by the Exchange, I hereby on behalf of myself, my beneficiary, heirs, executors, administrators and assigns release and forever discharge the John Hancock and/or Aetna Retirement Services from any and all right, title and interest which I ever had, now have, or at any time in the future may have in or to annuities and benefits at any time provided under Group Annuity Contract 185 GAC, issued by the John Hancock Mutual Life Insurance Company and/or Aetna contract 3056 to the Army and Air Force Exchange Service (Exchange), by reasons of my contributions and those of the Exchange made thereunder.						
EMPLOYEE'S SIGNATURE		WITNESS TO EMPLOYEE'S SIGNATURE		DATE		
SURVIVOR ANNUITANT SIGNATURE (if any)		WITNESS TO SIGNATURE OF SURVIVOR ANNUITANT		DATE (if other than above)		
SPOUSE'S SIGNATURE		WITNESS TO SPOUSE'S SIGNATURE		DATE (if other than above)		

FACTS PERTINENT TO DESIGNATION OF TYPE ANNUITY

ANNUITY WITHOUT SURVIVOR BENEFITS

If you choose this form of annuity, you must indicate by checking the block alongside "Annuity Without Survivor Benefit" in Section A. If you are married, your spouse will not be paid a survivor annuity after your death. If you are married at the time of retirement and choose this form of annuity you may not change this election at a later date.

ANNUITY WITH SURVIVOR BENEFITS

If you are married:

(a) If you choose this type of annuity you will receive a reduced annuity in order to provide a survivor annuity to your spouse to whom you were married at the time of your retirement. (See your Retirement Plan Booklet for information about the amount of reduction, and provisions concerning payment of a survivor annuity after your death.) To indicate your desire to provide a survivor annuity, check the block in Section A alongside "Annuity With Survivor Benefit," insert the portion of your annuity to be used as a base for the survivor annuity if other than 100% and complete the remaining applicable parts of Section A.

(b) At the time you make this election, and the marriage is subsequently terminated by death of the spouse, or by divorce or annulment, the reduction in your annuity (to provide a survivor annuity) may be discontinued, but such discontinuance will be made only if you submit a written request for discontinuance together with proof of termination of the marriage. Under all other circumstances, the reduction will continue during your lifetime.

(c) If you are separated with a disability annuity, you must use all of your disability annuity as the base amount for the survivor benefit.

(d) If you are an EMP employee, you must use all or none of your annuity payable under the Supplemental Plan and may use all or a portion of your annuity payable under the Basic Plan as the base amount for a survivor benefit.

(e) If you are not an EMP employee, you may choose all or any portion of your lifetime annuity as the base amount for your spouse's survivor annuity.

(f) The Nonselection of Survivor Annuity portion of this form identifies spouse's acknowledgment he/she understands the spouse election of less than maximum benefit of survival protection.

If you are not married:

(a) You may elect to receive a reduced annuity during your lifetime in order to provide a survivor annuity to the person(s) named having an insurable interest. The survivor annuity will begin upon your death and end when such named person(s) die(s). You may choose this form of annuity with respect to all or a portion of your lifetime annuity payable under the Basic Plan. If you are receiving a disability annuity, this option is not available. This provision is also not available with respect to that portion of any annuity which may be provided under the Supplemental Plan.

(b) You must specify the name, relationship and date of birth of the person(s) you wish to receive the Survivor Benefit upon your death. If you have two or more children, you may name any or all of them. If you name someone other than your children, you may name only one person.

(c) If you make this selection, the annuity payable to you will be reduced as explained in the current Retirement Plan Booklet.

(d) The survivor annuity to the designated survivor(s), if all those survive who were living on the date the retirement annuity becomes payable, will be 55% of the base amount of your reduced annuity.

(e) If two or more children have been designated by name, the survivor annuity will be proportionately reduced upon the death of one or more of those designated who were living on the date your retirement annuity becomes payable, whether such death occurs before or after your death.

(f) Refer to your Retirement Plan Booklet for information concerning provisions for discontinuance of the election of a survivor annuity to a child or children, or other named person(s) having an insurable interest in order to elect a surviving spouse annuity on marriage or remarriage after retirement.

(g) You may use all or a portion of you annuity payable under the Basic Plan as the base amount for a survivor benefit.

EFFECT OF PRIOR ELECTION OF CONTINGENT ANNUITANT OPTION

Any previous election by you of the contingent annuitant option is revoked and is superseded by the election herein of an annuity with or without survivor benefits.

OVERPAYMENT OF ANNUITY EITHER WITH OR WITHOUT SURVIVOR BENEFITS OR DISABILITY ANNUITY

In the event of overpayment of an annuity either with or without survivor benefits or disability annuity, it will be required of the annuitant to repay the determined amount of overpayment. Failure to make such repayment will result in a proportionate reduction of the monthly annuity until such time as the overpayment has been satisfied.