OMB NO. 0702-0139
OMB approval expires
OCT 31, 2022

Army and Air Force Exchange Service (AAFES)

ANNUITY APPLICATION

AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information, 0702-0139, is estimated to average 20 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 the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. 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.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 7013, Secretary of the Army; 10 U.S.C. 9013, Secretary of the Air Force; 42 U.S.C. 659, Consent by United States to Income Withholding, Garnishment, and Similar Proceedings for Enforcement of Child Support and alimony Obligations; 31 CFR 285.11, Administrative Wage Garnishment; DoD Directive 7000.1-R, DoD Financial Management Regulation; DoD Instruction 1400.25, Volume 1408, DoD Civilian Personnel Management System: Insurance 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 PURPOSES: To provide adequate information for Insurance Providers under contract with AAFES for provision of timely health care services to AAFES employees and to designate specifics on life insurance beneficiaries and annuities.

ROUTINE USES: 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://dpcld.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx. Information may be released former spouses and/or survivors, to Federal, State, or Local Child Support agencies for purposes of assisting in discharge of their responsibilities under Federal and State law.

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

A copy of the **Privacy Impact Assessment (PIA)** for the collection of information may be located at https://www.aafes.com/about-exchange/public-affairs/FOIA/assessments.htm

SYSTEM OF RECORD NOTICE (SORN): AAFES 0703.07 "Employee Pay System Records" may be viewed at http://dpclddefense.gov/Privacy/SORNsIndex/?Page=9

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ANNUITY APPLICATION

DEFINITION AND FACTS OF ANNUITIES

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.

Army and Air Force Exchange Service (AAFES)

ANNUITY APPLICATION - Instructions

An Annuity is an annual income in a specified amount. For the purposes of this form, it is the same thing as a pension. The AAFES annuity referred to on this form is described in the AAFES Retirement Booklet, Form A027000 on the Forms/Pubs website. After an employee retires, this form is used by AAFES Treasury Benefits when calculating the employee's pension. Annuities can be complex. If you have questions about how AAFES annuities are calculated or paid, and whether to choose a survivor benefit, please read the AAFES Retirement Booklet, Form A027000 on the Forms/Pubs website. You may also contact AAFES Human Resources Support Center for assistance at 214-312-6190 or HRSC@aafes.com.

The following instructions are provided as guidance for completing the following form.

1. Please read the Agency Disclosure Notice, Privacy Act Statement, and the Definition and Facts of Annuities on the previous pages prior to continuing. If you have any questions, please contact AAFES Human Resources Support Center at 214-312-6190 or HRSC@aafes.com.
2. Please provide all personal information at the top of the form where requested. Your Social Security Number is required to locate all pertinent information for your annuity.
3. **SECTION A**: You, your spouse (if required), and the Survivor (if chosen) will complete this section of the form. Please be certain to check the Annuity options defined on the Definition and Facts of Annuities page.
    a. Please indicate if your retirement has been approved for reasons of disability (choose Disability) or not (Choose Retirement). If you select Disability, you must provide Human Resources with a completed AAFES Form 1700-006 entitled *Attending Physician's Statement*. This form is available on the AAFES Portal under Forms/Pubs or from your local HR department.
    b. Please select whether you wish your annuity to be "with" or "without" Survivor Benefits.
        i. If **"With"** Survivor Benefit is selected: If you wish to have the maximum amount of your annuity as the base for the survivor annuity, do not enter a percentage in this section; it will default to 100%. If you wish only a portion of your annuity as the base for the survivor annuity, provide the desired percentage. If married, your spouse must sign in front of a witness that you have chosen the option of less than the maximum annuity survivor benefit. Your spouse must complete the acknowledgement by placing your name in the space provided. The witness to your spouse's signature must sign in the space provided.
        ii. If you choose **"With"** Survivor Benefits, you must complete the area with the survivor's information: name, address, relationship to you, citizen of the U.S. or not, date of birth and SSN. The survivor must sign this portion of the form.
        iii. If **"Without"** Survivor Benefits is selected and you are married, your spouse must sign before a witness in the designated space on the form. This is their acknowledgment they will not be paid a survivor annuity after your death. Your spouse must complete the acknowledgement by placing your name in the space provided. The witness to your spouse's signature must sign in the space provided.

4. **SECTION B:** Please respond if you have ever filed a Workers' Compensation Claim with AAFES and if the claim is still open. Workers' Compensation payments may affect the amount calculated for your annuity. You must sign this portion of the form in front a witness.
5. **SECTION C:** Please respond if you have had previous Military Service. If you answer "YES" provide the branch of service, your serial number, the dates of service, and whether or not you were honorably discharged. You will also need to provide a Yes or No response to questions regarding military disability or retirement. This information may affect your AAFES annuity.
6. **SECTION D:** Please read **Section D** and sign in front of a witness. If you have any questions on the certification, please contact AAFES Human Resources Support Center before signing.
7. **SECTION E**: **ONLY** complete this section if you were an AAFES employee **before 1967**. Signatures include yourself acknowledging understanding of the release clause, your chosen Survivor, and your spouse. A witness must sign each signature acknowledging they witnessed your signature.
8. Once you have completed the form and obtained all signatures, including witnesses, attached any required documents and forward to the Headquarters Human Resources Support Center at 3911 south Walton Walker Blvd., Dallas TX 75236 or to your local HR Representative.
9. If you submit an incomplete form to Human Resources, or submit a form without the required attachments, your retirement payments may be delayed.

SEE PRIVACY ACT STATEMENT ON REVERSE SIDE

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 ☐ M ☐ F	MARITAL STATUS ☐ MARRIED ☐ UNMARRIED (Includes single, widowed and divorced)

SECTION A - ELECTION OF ANNUITY *(see reverse to designate type of annuity)*

☐ RETIREMENT ANNUITY ☐ DISABILITY ANNUITY (Requires Attending Physician's Statement, 1700-006)

☐ ANNUITY WITH SURVIVOR BENEFITS

- ☐ BASIC PLAN (All participants must complete.)
- ☐ SUPPLEMENTAL PLAN (EMP only) ☐ All ☐ None
- ☐ PERCENTAGE OF ANNUITY UTILIZED IN COMPUTING SURVIVOR ANNUITY BENEFIT 100% _____%

☐ ANNUITY WITHOUT SURVIVOR BENEFIT

FOR HQ USE ONLY	EMPLOYEE CONTRIBUTION	ONLY	+ INTEREST
	PRIOR TO 1972		
	AFTER 1972		
	CONTRIBUTIONS CURRENT YEAR		
	TOTAL EMPLOYEE CONTRIBUTIONS		

SPOUSE'S SIGNATURE

NONSELECTION OF MAXIMUM SURVIVOR ANNUITY ACKNOWLEDGMENT

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 ☐ YES ☐ 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 ☐ YES ☐ NO	DATE OF BIRTH	SOCIAL SECURITY NO.	SIGNATURE OF SURVIVOR		

SECTION B - WORKERS' COMPENSATION

HAVE YOU FILED AN EXCHANGE WORKERS' COMPENSATION CLAIM? ☐ YES ☐ NO IS THE CLAIM OPEN? ☐ YES ☐ 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?** ☐ YES ☐ 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) ☐ YES ☐ NO

If "YES", is such retirement pay:

A. Due to a service connected disability incurred in combat with an enemy of the United States? ☐ YES ☐ 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? ☐ YES ☐ NO

C. Under the provisions of Chap. 67, Title 10, United States Code pertaining to retirement from reserve component of the Armed Forces? ☐ YES ☐ 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)

(CONTINUED ON REVERSE)

FACTS PERTINENT TO DESIGNATION OF TYPE ANNUITY

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(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.

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(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.

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