

US ARMY NONAPPROPRIATED FUNDS - DISPOSITION OF RETIREMENT BENEFITS

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

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: National Defense Authorization Act for Fiscal Year 1996; 26 U.S.C. 401, Qualified Pension, Profit-sharing, and Stock Bonus Plans; Army Regulation 215-3, Nonappropriated Funds Personnel Policy; and E.O. 9397 (SSN), as amended.

PRINCIPAL PURPOSE: The information you provide is for the purpose of preparing a refund of contribution or to process a retirement annuity.

ROUTINE USES: This information is used 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. In addition to those disclosures generally permitted under 5 USC 552a (b) (Privacy Act), the information contained therein may specifically be disclosed outside the Department of Defense as routine pursuant to 5 U.S.C. 552a (b) 3 as follows: Information may be disclosed to appropriate federal agencies, such as Department of Labor and the Equal Employment Opportunity Commission, to resolve and/or adjudicate matters falling within their jurisdiction. Records may also be disclosed to labor organizations in response to requests for names of employees and identifying information.

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.

CITATION: A0215-3 SAMR, NAF Personnel Records (June 1, 2000, 65 FR 35054).

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)

The date of marriage has been verified by satisfactory evidence and the benefit authorized. A certified copy of the Death Certificate and Statement of Survivor's Social Security Entitlements are attached.

Annuity Benefits resulting from the death of the employee are payable in accordance with the Army NAF Retirement Plan.

SECTION II - RETIREMENT FUND OPTIONS

16. CHECK ONE:
- In accordance with AR 215-3
- ☐ I request a refund of my contributions and accumulated interest in full satisfaction of all annuity payable.
- ☐ I request my contributions remain in deposit for a maximum of 5 years.
- ☐ I request an immediate Annuity (*Normal or Early Retirement*)
- ☐ I request a Deferred Annuity payable at age 62.
- ☐ I request Disability Retirement.
- ☐ I request Disability Retirement due to work related injury.
- ☐ I request Survivor Benefits.

SECTION III - EMPLOYEE'S OR SURVIVOR SIGNATURE

17. SIGNATURE OF EMPLOYEE/SURVIVOR	18. DATE (YYYYMMDD)
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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

DO NOT USE - FOR OFFICIAL USE ONLY

20. DATE RECEIVED (YYYYMMDD)	21. DATE PROCESSED (YYYYMMDD)	22. PROCESSED BY
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