



RETIREMENT ENROLLMENT (FORM RP-2)

PLEASE READ INSTRUCTIONS CAREFULLY

THIS RETIREMENT ENROLLMENT MUST BE COMPLETED
WITH YOUR LOCAL NAF HUMAN RESOURCES OFFICE

NAF HR WILL PROVIDE THE CNIC NAF BENEFIT RETIREMENT GUIDE AND WILL ENSURE THAT
APPLICANT FULLY UNDERSTANDS ALL THE CONDITIONS OF THEIR SELECTION

****NOTE:** IF ADDITIONAL INFORMATION OR CLARIFICATION IS NEEDED PLEASE CONTACT
THE RETIREMENT RESOURCE TEAM: mill_cnic_retirement@navy.mil

APPLICATION INSTRUCTIONS

1. Please type or use blue or black ink.
2. Please **PRINT** clearly.
3. The Enrollment Date (under Section I: General Information), must be entered. This date will be the first day of the first full pay period from the date this form is completed and signed.
4. Ensure ALL selections are clearly marked with an "X"
5. Ensure ALL required "*Employee Initials*" and "*Signatures*" are obtained.
6. Then send request 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

WE HOPE YOU CHOOSE TO ENROLL...LET'S BEGIN!



**COMMANDER, NAVY INSTALLATIONS COMMAND
NON-APPROPRIATED FUND RETIREMENT PLAN
RETIREMENT ENROLLMENT FORM**

SECTION I: GENERAL INFORMATION

-Complete by local NAF HR Office-

1. Employee Name: _____
(Last) *(First)* *(MI)*
2. Regular Hire Date: ____/____/____ 3. Enrollment Date: ____/____/____
(MM) *(DD)* *(YYYY)* *(MM)* *(DD)* *(YYYY)*
4. Date of Birth: ____/____/____
(MM) *(DD)* *(YYYY)*

SECTION II: ELECTION

-Complete by Employee-

I have been informed I am eligible to participate in the Commander, Navy Installations Command (CNIC) NAF Retirement Plan. I have received a copy of the CNIC NAF Benefits Retirement Guide; reviewed and understand the terms and conditions as they have been explained to me. *Employee Initials* _____

I understand if I decline to participate in the CNIC NAF Retirement Plan at this time, I may elect to join the plan, if eligible, at a later date during my employment. However, I will **not** be able to purchase Retirement Plan credit for any service while I was not a contributing participant to the plan after the date of this election.

Employee Initials _____

Please read each option carefully, and select **only one** retirement plan election below: *(Clearly mark selection with an "X")*

I choose to participate in the CNIC NAF Retirement Plan. Contributions will equal 1% of my gross pay and will be withheld from each paycheck commencing on the first day of the first full payroll period from the date of this election. **In the event I separate from service, and my status under the retirement plan is Non-Vested, I understand that my contributions will be automatically refunded to me through direct deposit.** *(Must complete Section III: Beneficiary Designation)*

I decline to participate in the CNIC NAF Retirement Plan.

(Employee Signature) *(Date)* *(Local NAF HR Representative Signature)* *(Date)*



SECTION III: BENEFICIARY DESIGNATION

-Complete by Employee-

The purpose of this provision is to designate a beneficiary, in the event of your death **while in service** and a participant of the retirement plan. If your spouse is appointed as the beneficiary, they may be eligible to receive a surviving spouse lifetime payment. **If the appointed beneficiary is not your spouse, the beneficiary will only be entitled to a return of your employee contribution plus interest.**

During the course of your participation, a change to your beneficiary can be made by submitting a completed Change in Beneficiary Form (RP-4) to your local NAF HR office.

Please identify your beneficiary selection below: *(Clearly mark selection with an "X")*

I have elected the standard beneficiary option. This selection will specify the following person or persons entitled, under the order of precedence:

1. To my legal living spouse.
2. To my children in equal shares; with the shares of any deceased child to be distributed to the descendents.
3. To my parents or the survivor of them.
4. To the executor or administrator of my estate.
5. To my next of kin who may be entitled under the laws of the state in which I was a resident at the time of my death.

I am not legally married, and have elected the following beneficiary/beneficiaries to my plan.

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



(CONT.) SECTION III: BENEFICIARY DESIGNATION

-Complete by Employee-

I am legally married, and have elected the following beneficiary/beneficiaries to my plan.
(Please note, if the spouse is not listed as the sole primary beneficiary, then Spousal Consent must be obtained)

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

Spousal Consent – I, _____, hereby acknowledge and consent to my spouse’s election not to designate me as the sole primary beneficiary to the retirement plan. I understand by signing this consent, I will not receive a continuing payment from the retirement plan as a result of my spouse’s death.

(Spouse’s Signature) _____
(Date) _____
(Notary Signature) _____
(Date)

(Date Commission Expires)

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

(Employee Signature) _____
(Date) _____
(Local NAF HR Representative Signature) _____
(Date)