

**TERMINATION INFORMATION***(AIR FORCE NONAPPROPRIATED FUND RETIREMENT PLAN)**AUTHORITY: 10 USC 9013, Secretary of the Air Force; powers and duties; delegation by; implemented by AFMAN 34-302.**PRINCIPAL PURPOSE(S): Used to document employee participation in the AFNAF Retirement Plan.**ROUTINE USES: May be disclosed to Federal, state, and local government agencies in the pursuit of their official duties. May also be used for other lawful purposes, including law enforcement and/or litigation. The SSN is used for identification of the individual and records. DISCLOSURE IS**VOLUNTARY: Failure to provide the information, including the SSN could delay or preclude payment of benefits according to the plan.**SORN: Department of the Air Force F034 AF SVA B***NOTE: Part IV, Signature and Certification, on reverse of this form must be completed before submission of the form to AFWB (NAF Insurance).**

NAME <i>(Last, First, Middle Initial)</i>	TELEPHONE NO. <i>(Include Area Code)</i>	SSN
COMPLETE ADDRESS <i>(Include Street, City, State, and ZIP Code)</i>	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH <i>(YYYYMMDD)</i>
	EMPLOYING NAFI	INSTALLATION

**I. TERMINATION OF ELIGIBILITY FOR ACTIVE PARTICIPATION**

Eligibility to participate in the AFNAF Retirement Program terminates effective \_\_\_\_\_  
*(YYYYMMDD)*  
 due to \_\_\_\_\_

With regard to my AFNAF Retirement Program contributions I hereby elect:

- A deferred annuity *(Attach AF Form 2395, Evidence of Age, pay actions for highest 36 consecutive months of compensation, and authorization for Social Security Earnings Information, if you have 5 or more years credited service.)*
- An estimate of the amount of deferred annuity payable prior to election of the deferred annuity or a refund of my contributions. *(Attach documents as stated above.)*
- To leave my contributions with the plan. *(Applicable only upon change to ineligible employment category. If more than 5 years credited service, documentation for a deferred annuity must be attached.)*
- A refund of my contributions *(with interest).*

**II. RETIREMENT**

I elect to submit an application for retirement to be effective \_\_\_\_\_  
*(YYYYMMDD)*

I do  do not  wish to consider election of 10% reduction in my annuity to provide a 55% survivor annuity for my spouse.

NAME OF SPOUSE <i>(Last, First, Middle Initial)</i>	DATE OF BIRTH <i>(YYYYMMDD)</i>	SSN
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I do  do not  wish to consider election of a 55% survivor annuity for an individual other than a spouse *(my reduction to be determined actuarially).*

**NOTE: AF Form 2395, Evidence of Age, with supporting documentation must accompany an election of any individual other than a spouse.**

NAME OF SURVIVOR <i>(Last, First, Middle Initial)</i>	DATE OF BIRTH <i>(YYYYMMDD)</i>	SSN
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<b>III. NOTICE OF DEATH</b> <i>(A copy of the death certificate must accompany this notice)</i>		DATE OF DEATH OF PARTICIPANT (YYYYMMDD)	
<b>A. BENEFICIARY INFORMATION</b> <i>(List additional beneficiaries on a separate sheet if more space is needed. If more than one beneficiary designated, settlement will be made in equal shares to such beneficiaries as survive the participant.)</i>			
1. NAME OF BENEFICIARY <i>(Last, First, Middle Initial)</i>		2. NAME OF BENEFICIARY <i>(Last, First, Middle Initial)</i>	
COMPLETE ADDRESS OF BENEFICIARY		COMPLETE ADDRESS OF BENEFICIARY	
SSN	DATE OF BIRTH (YYYYMMDD)	SSN	DATE OF BIRTH (YYYYMMDD)
SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RELATIONSHIP	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RELATIONSHIP
3. NAME OF BENEFICIARY <i>(Last, First, Middle Initial)</i>		4. NAME OF BENEFICIARY <i>(Last, First, Middle Initial)</i>	
COMPLETE ADDRESS OF BENEFICIARY		COMPLETE ADDRESS OF BENEFICIARY	
SSN	DATE OF BIRTH (YYYYMMDD)	SSN	DATE OF BIRTH (YYYYMMDD)
SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RELATIONSHIP	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RELATIONSHIP
<b>B. APPLICATION FOR SURVIVING SPOUSE ANNUITY</b> <i>(A copy of marriage certificate must be attached.) (Applicable upon death of a vested participant with a surviving spouse.)</i>			
NAME OF SPOUSE <i>(Last, First, Middle Initial)</i>		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	SSN
COMPLETE ADDRESS OF SPOUSE		DATE OF BIRTH (YYYYMMDD)	
<b>SOCIAL SECURITY BENEFIT INFORMATION</b>			
<p>Spouse is <input type="checkbox"/> is not <input type="checkbox"/> entitled to a widow or widower's benefit. If spouse is entitled indicate the amount of the benefit: \$ _____ and forward a copy of the award to AFWB (NAF Insurance).</p> <p>If not entitled, give reason for ineligibility: _____</p> <p>Spouse is <input type="checkbox"/> is not <input type="checkbox"/> entitled to a mother's or father's benefit. If spouse is entitled indicate the amount of the benefit: \$ _____ and forward a copy of the award to AFWB (NAF Insurance).</p> <p>If not entitled, give reason for ineligibility: _____</p>			
SIGNATURE OF SURVIVING SPOUSE		DATE	
<b>IV. SIGNATURE AND CERTIFICATION (MUST BE COMPLETED)</b>			
<b>EMPLOYEE:</b>			
I certify that the actions indicated on this form are correct in regard to my participation in the AFNAF Retirement Program.			
SIGNATURE OF EMPLOYEE		DATE	
<b>PERSONNEL OFFICER OR AUTHORIZED REPRESENTATIVE:</b>			
I certify that the answers and statements on this form are complete and true to the best of my knowledge.			
TYPED NAME AND TITLE OF PERSONNEL REPRESENTATIVE		SIGNATURE	DATE