



## 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](mailto: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](mailto: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!



*-Complete by local NAF HR Office-*

4. Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(MM) (DD) (YYYY)

-Complete by Employee-

☐ **I decline to participate** in the CNIC NAF Retirement Plan.

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

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

**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)