

AUTHORIZATION TO OBTAIN SOCIAL SECURITY EARNINGS INFORMATION

JOB NUMBER

447N

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 8012, Secretary of the Air Force; powers and duties; delegation by; implemented by AFR 34-3, Volume VIII.

PRINCIPAL PURPOSE(S): Used to document employee participation in the AFNAF Retirement Plan.

ROUTINE USES: May be disclosed to Federal, state, and local governmental 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.

1. FIRST SIX LETTERS OF LAST NAME

2. SOCIAL SECURITY NUMBER

____-____-____/____-____/____-____

3. FIRST SIX LETTERS OF PRIOR SURNAME
(Leave blank if no prior surname)

4. FULL NAME (Please print)

(First, Middle Initial, Last)

5. DATE OF BIRTH

____/____/____
(Month | Day | Year)

Please furnish the Air Force Central Retirement Fund, Box 302, Randolph AFB Texas, 78148-0302, annual totals of earnings reported to my record for the years 1951 to date. I understand that this information will be used for the administration of a pension plan.

I am the individual to whom the record pertains. I understand that any false representation to knowingly and willfully obtain information from Social Security records is punishable by a fine of not more than \$5,000 or 1 year in prison.

DATE

SIGNATURE OF SOCIAL SECURITY NUMBER HOLDER

REMARKS

Distribution: The original and one copy is sent to AFWB (NAF Insurance). A copy is kept in the employee's Official Personnel File (OPF).