



# APPLICATION FOR PARTICIPATION IN THE NAVRESSO RETIREMENT PLAN

292GAC

Social Security Number \_\_\_\_\_ Certificate Number \_\_\_\_\_

The Employee Should Complete All Black Items (Print or Type)

Employee's Name			Date of Birth			Sex	Citizen of	Transfer from Activity No.	Annual Earnings	Employment Category	Effective Date of Coverage				
Last	First	Middle	Mo.	Day	Year	M <input type="checkbox"/> F <input type="checkbox"/>					Mo.	Day	Year		
Activity and Location			Activity Number	Employee No.		Dept No.	Original Employment Date			Rehired Date			Eligibility Date		
							Mo.	Day	Year	Mo.	Day	Year	Mo.	Day	Year

**ANSWER ALL QUESTIONS BELOW:**

Have you ever participated under this Plan? No  Yes  Date of Termination \_\_\_\_\_

Voluntary } Reason \_\_\_\_\_  
 Involuntary }

If yes what settlement was made? Cash Surrender Value  or Paid up Annuity  Previous Activity No. \_\_\_\_\_ Location \_\_\_\_\_

If re-enrolled in Plan within 30 days of eligibility, is reinstatement of previous Plan participation desired? No  Yes  Certificate No. \_\_\_\_\_

**CAUTION: LEGAL SPOUSE MUST BE DESIGNATED SOLE PRIMARY BENEFICIARY TO QUALIFY FOR SURVIVING SPOUSE ANNUITY UPON DEATH WHILE IN SERVICE**

CHECK 1

OR

CHECK 2 AND COMPLETE

**1** I accept the following beneficiary provisions in the exact order listed

- (a) my legal spouse, if living, otherwise;
- (b) my child or children and descendants of deceased children by right of representation, if any and living, otherwise;
- (c) my parents, equally, or the survivor, if living, otherwise;
- (d) Executor or Administrator of my estate, if any, otherwise;
- (e) my next of kin under the laws of the state of my domicile at the date of my death.

**2** I designate the following beneficiary(ies)

Name	Relationship
_____	_____
_____	_____
_____	_____

Mode of Payment: In the event of my death prior to retirement and my legal spouse survives me and is eligible for a Surviving Spouse Annuity Benefit, I direct that any lump sum death benefit under Contract Number 1292 GAC be applied to provide an amount equal to the Surviving Spouse Annuity Benefit payable to my spouse, as provided under the Plan and as directed by the Trustees, under the Installment Certain Option of Contract Number 1292 GAC. If payments under the Installment Certain Option of Contract Number 1292 GAC are exhausted while my spouse is living and continues to qualify for the Surviving Spouse Annuity Benefit, such benefit will be paid from Contract Number 292 GAC as provided by the Plan. In the event Number 1 above is elected, I direct that any portion of the death benefit remaining unpaid upon the death of my spouse shall be paid in a lump sum to the beneficiaries described in classes (b) through (e) above, whichever class is first available; otherwise such benefit will be paid to the estate of my spouse. If a beneficiary is designated under Number 2 above, I direct that any portion of the death benefit remaining upon the death of my spouse shall be paid in a lump sum to my secondary beneficiary if living, otherwise such benefit will be paid to the estate of my spouse.

I hereby apply for participation in the Retirement Plan and authorize my employer to make the necessary deductions required under the provisions of the Plan.

Date \_\_\_\_\_ Signed \_\_\_\_\_