



Application for Retirement Benefits National Guard and Naval Militia Retirement System

FOR OFFICE USE ONLY

Toll-Free: (800) 821-2251
alaska.gov/drb

Division of Retirement and Benefits
P.O. Box 110203
Juneau, AK 99811-0203

Juneau: (907) 465-4460
TDD: (907) 465-2805
Fax: (907) 465-3086

I hereby apply for retirement benefits to which I may be entitled in accordance with the provisions of Section 222 through 228 of Alaska Statutes 26.05 governing the Alaska National Guard and Naval Militia Retirement System. I understand that I may elect to defer receipt of my monthly payments until a later day. If deferred, benefits will not commence until the first of the month following receipt of new application.

SECTION I. PERSONAL DATA

NAME (FIRST, MI, LAST)		SOCIAL SECURITY NUMBER OR RIN		DEFERRAL ELECTION <input type="checkbox"/> I elect to defer my benefit. If deferred, I understand I have to reapply before benefits can commence.
BIRTH DATE	MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED	DATE OF MARRIAGE	DATE OF DIVORCE	
WORK TELEPHONE ()	HOME TELEPHONE ()	PERSONAL EMAIL ADDRESS		
MAILING ADDRESS (STREET OR P.O. BOX, CITY, STATE, ZIP+4)				

SECTION II. BENEFICIARY DESIGNATION

In the event of my death prior to receiving all monthly benefits due me, I understand that the remaining benefit will be paid in a lump sum to my beneficiaries. Place an "X" in the appropriate box to specify whether the beneficiary is primary or contingent. The "primary" beneficiary or beneficiaries will receive benefits if you die. The "contingent" beneficiary or beneficiaries will receive benefits ONLY if the primary is deceased. My beneficiaries are:

1. FULL NAME	RELATIONSHIP TO MEMBER	SOCIAL SECURITY NUMBER	DATE OF BIRTH	PERCENTAGE
<input type="checkbox"/> PRIMARY	MAILING ADDRESS (CITY, STATE, ZIP+4)			
2. FULL NAME	RELATIONSHIP TO MEMBER	SOCIAL SECURITY NUMBER	DATE OF BIRTH	PERCENTAGE
<input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT	MAILING ADDRESS (CITY, STATE, ZIP+4)			
3. FULL NAME	RELATIONSHIP TO MEMBER	SOCIAL SECURITY NUMBER	DATE OF BIRTH	PERCENTAGE
<input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT	MAILING ADDRESS (CITY, STATE, ZIP+4)			

I hereby certify that the information provided on this form is true and correct to the best of my knowledge. I understand that any deliberate misrepresentation for the purpose of obtaining benefits is an offense punishable by law.

SIGNATURE	DATE
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SECTION III. EMPLOYER USE ONLY Alaska National Guard and Naval Militia Verification of Service

Records at this headquarters verify the following information in reference to this application:		
1. Verified total years of satisfactory military service: _____		
2. Type of retirement: <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary (Reason): _____		
3. Total Alaska National Guard and Naval Militia service: _____ YEARS _____ MONTHS as of (separation date) _____ MM / _____ DD / _____ YYYY		
4. Individual is qualified for _____ months of retirement pay at \$ _____ per month.		
DATE SENT TO THE DIVISION OF RETIREMENT AND BENEFITS	CERTIFYING OFFICER TITLE	DATE

INSTRUCTIONS

Applicants should complete Sections I and II and mail to:

State of Alaska, Office of the Adjutant General
 Department of Military and Veterans Affairs
 P.O. Box 5800, Camp Denali
 Fort Richardson, AK 99505-5800

If you are *MARRIED*, your spouse is automatically your 100% primary beneficiary unless they consent to another beneficiary, or your spouse is not entitled to benefits under the terms of a Qualified Domestic Relations Order (QDRO). Your spouse's written consent may be waived if:

- You were not married to your spouse during part of your NGNMRS service;
- You have been married for less than one year;
- You have been married for less than two years and you have established that you and your spouse are not living together; or
- Your spouse cannot be located.

Your spouse may waive entitlement to benefits by completing and signing the *Spouse's Consent* below before a notary public or an authorized plan representative. If another person is entitled to benefits under a QDRO, that person may waive entitlement to benefits by completing and signing the *QDRO Consent* below before a notary public or an authorized plan representative.

If you are a SINGLE PARENT, there are death benefits that may be payable to your dependent child if you die before retirement. **These benefits are only payable to your children if they are your designated beneficiaries.** Because benefits cannot be paid directly to minor children, they will be paid to the children's parent or legal guardian, unless you establish a trust and designate the trust as beneficiary for your children. **You should NOT designate another person as beneficiary to receive your children's benefits.**

SPOUSE'S CONSENT

I, _____, am the spouse of _____. I understand that I may be entitled to the death benefits that will be paid if my spouse dies. I understand that, depending upon the circumstances of my spouse's death, I may be eligible to receive a lump sum benefit.	
SIGNATURE (YOUR SIGNATURE MUST BE WITNESSED BELOW)	DATE

QDRO CONSENT

I, _____, understand that if _____ dies, I am entitled to the death benefits described in the QDRO case # _____ signed by the judge on _____ / _____ / _____, which is on file with the Division of Retirement and Benefits.		
By signing this consent, I agree to waive my rights to those benefits and consent to the naming of another beneficiary.		
SIGNATURE (YOUR SIGNATURE MUST BE WITNESSED BELOW)	RELATIONSHIP	DATE

SIGNATURE WITNESSED BY (NOTARY OR POSTMASTER)			
On this _____ day of _____ 20_____, (Spouse's Name) _____ personally appeared before me whose identity I proved on the basis of satisfactory evidence to be the signer of the participant signature above, and he/she acknowledged that he/she executed it.		NOTARY SEAL OR POSTMASTER STAMP REQUIRED	
NOTARY PUBLIC	RESIDING AT		
STATE OF	BOROUGH/COUNTY OF		COMMISSION EXPIRES

A QDRO (qualified domestic relations order) is a divorce or dissolution judgment under Alaska Statute 25.24.

SECTION III. VERIFICATION AND CERTIFICATION (Employer Use Only)	
(Please do not write in this section. Employer must complete and sign in this area.) Contact the Division of Retirement and Benefits regarding the following changes or information:	
<ul style="list-style-type: none"> • Change of residence (mailing address) • Change of payment address (warrant mailing address) • Change of beneficiary designation • Information regarding your retirement 	