

Please return completed form to:  P.O. Box 206 Annapolis Junction, MD 20701	Tel: (301) 688-7912 or (800) 826-1126 Fax: (301) 688-6694 Email: geba@geba.com	Member Number
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Retirement/Resignation Form – Supplemental Retirement Plan

Please return this form to: GEBA, P.O. Box 206, Annapolis Junction, MD 20701-0206. Telephone: (301) 688-7912 or (800) 826-1126.

General Information:

Member's Name (First, MI, Last)		Member ID or Last 4 Digits of Social Security No.
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Single <input type="checkbox"/> Separated		
Address (Street)	Date of Birth (mm/dd/yyyy)	Home Email Address
(City)	(State)	(ZIP)
		Home Phone No.

By providing your email address to us, you expressly consent to receive emails from us. We may use email to communicate with you, to send information that you have requested or to send information about other products or services developed or provided by us, provided that, we will not give your email address to another party to promote their products or services directly to you.

I am: Retiring Date: _____
 Resigning Date: _____

Retirement/Resignation:

CONTINUE MY SUPPLEMENTAL RETIREMENT PLAN. I understand that my payroll-deducted contributions will cease upon my retirement, but I would like to continue my contributions through automatic debit or check.

Plan Type (Please check plans you have)	Frequency (circle one and write amount for each plan type)
SRP – SVA	
<input type="checkbox"/> Group Annuity	Monthly \$ _____
<input type="checkbox"/> IRA	Monthly \$ _____
<input type="checkbox"/> Roth IRA	Monthly \$ _____
SRP – MetLife (Variable)	
Group Annuity	Monthly \$ _____
Traditional IRA	Monthly \$ _____

Auto-Debit Bank Information

Bank Name: _____ Please check <u>ONE</u> item below:	Account Information Please complete <u>BOTH</u> ABA and account number below:
<input type="checkbox"/> Checking Account (enclose a copy or voided check)	Bank ABA #: _____
<input type="checkbox"/> Savings Account (complete account information)	Your Account #: _____

I hereby authorize Government Employees' Benefit Association, Inc. (GEBA) to debit my checking/savings account according to the published schedule. I understand that GEBA reserves the right, upon written notification, to terminate my participation in this payment option. If an automatic debit is returned for any reason including insufficient funds, closed or unauthorized account, GEBA will not be able to process payment. I understand that I may be subject to a \$20 charge if payment is rejected, reversed, or refused by my financial institution. I may cancel participation in the GEBA Automatic Debit service with written notice 10 days prior to the premium due date.

Signature of Bank Account Holder: _____ **Date:** _____

NOTE: Check with your bank to determine if additional charges for a debit apply, and ask how it will describe automatic debits on your bank statement. If you plan to have payments deducted from a savings account, please check with your bank to see if there are limitations (if any) on recurring debits.

CANCEL MY SUPPLEMENTAL RETIREMENT PLAN. I would like to cancel my contributions after my last payroll deduction.
 Plan: _____

Signature: _____ **Date:** _____