



Complete this form and send to :

GEBA Wealth Management

1362 Mellon Road, #100

Hanover, MD 21076

For any questions, call (410) 657-8060 or (800) 826-1126

or email info@gebawealth.com

Member Number
(if unknown, leave blank)

Retirement/Resignation Form - Supplemental Retirement Plan

General Information:

First Name

MI

Last Name

Social Security Number

Gender: Male
 Female

Marital Status: Married Domestic Partner Divorced Widow/Widower Single Separated

Date of Birth (mm/dd/yyyy)

Home E-mail Address

Address Line 1

Address Line 2

City

State

Zip Code

Home Phone Number

Cell Phone Number

Office Phone Number

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 registered, 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 or resignation, but I would like to continue my contributions through automatic debit.

Plan Type

Frequency (Select payment frequency and add contribution amount)

| Plan Type | Frequency (Select payment frequency and add contribution amount) | |
|--|--|----------------------------------|
| Stable Value Account | | |
| <input type="checkbox"/> Group Annuity | Bi-weekly: \$ <input type="text"/> | Monthly: \$ <input type="text"/> |
| <input type="checkbox"/> IRA | Bi-weekly: \$ <input type="text"/> | Monthly: \$ <input type="text"/> |
| <input type="checkbox"/> Roth IRA | Bi-weekly: \$ <input type="text"/> | Monthly: \$ <input type="text"/> |
| MetLife (Variable Annuity Contract) | | |
| <input type="checkbox"/> Group Annuity | Bi-weekly: \$ <input type="text"/> | Monthly: \$ <input type="text"/> |
| <input type="checkbox"/> Traditional IRA | Bi-weekly: \$ <input type="text"/> | Monthly: \$ <input type="text"/> |

Automatic Debit Payment Information:

Checking Account (enclose a copy or voided check) Savings Account

Bank Name:

Bank Routing Number: Your Account Number:

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.

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:

Please Sign Below:

By signing below, I agree to pay a full year of premium payments. I understand that if I cancel coverage before paying for a full year of premium payments, the balance will be due at the time of cancellation. I certify that the above information is correct.

Signature: _____

Date:

Please return completed form to:

GEBA
1362 Mellon Road, #100
Hanover, MD 21076
or Email: info@gebawealth.com