

NARFE MEMBER REQUEST FOR DUES WITHHOLDING REBATE

NARFE I.D. # _____ Chapter No. _____

Name _____

Address _____ City _____ State CO Zip _____

This is to certify that I have submitted a Form DW-2 or DW-3 authorizing appropriate deductions from any annuity payments to pay the amount of dues for which I am annually obligated.

My current dues expire: _____

I understand I will receive a one-time only \$10.00 rebate from the Federation.

X

Signature _____

Date: _____

Mail DW-2 and this completed form to:
Form C-7 (07/2009 REV)

Greg Kann, Federation 1st Vice President
6010 W Colorado Ln, Lakewood, CO 80232-6484

Dues Withholding Application for Retirees

Be sure to fill out both sides of this form and mail to: Attn: Member Records, NARFE,
606 North Washington St, Alexandria, VA 22314

(Please Print)

_____-_____-_____
Social Security Number

(9-digit number)

C S _____-_____-_____-_____
Civil Service Annuity Number

↑ Civil Service Annuity Number

← (Include prefix, CSA or CSF)

(Include any applicable suffix) _____

(Mr., Mrs., Miss, Ms.) _____

Last, First, Middle Initial

Address: _____ Telephone Number: _____

City, State, Zip: _____ E-mail: _____

Date of Birth: _____ NARFE Membership Number _____ NARFE Chapter Number _____

AUTHORIZATION (Withholding will begin in 60-90 days). No payment should be forwarded with application.

I authorize the United States Office of Personal Management to make appropriate deductions from my annuity payments, not to exceed the amount certified by the National Active and Retired Employees Association as the amount of dues for which I am annually obligated, in accordance with elections I make below and to pay the deducted sum to the National Active and Retired Employees Association (NARFE). This authorization shall also apply to any and all dues changes certified by NARFE membership in accordance with elections I make below: *Please allow 60-90 days for processing.*

Do You Authorize Your Spouse's Dues to be Withheld from Your Annuity? Yes No

If YES, enter your spouse's name and membership number below,

You authorize:

**Annual NARFE dues of \$34.00 plus
Chapter dues of record to be
Withheld annually.**

Name

Number

I understand that his authorization shall be valid until NARFE receives and processes my written notice of cancellation in accordance with its agreement with the Office of Personnel Management and that any disputes regarding this authorization shall be a matter between NARFE and myself. I hold the Office of Personnel Management harmless for any erroneous allotment deduction made pursuant to this authorization.

X

Signature of Annuitant or Survivor-Annuitant _____

Date _____

Dues payments and gifts or contributions to NARFE are not deductible as charitable contributions for federal income tax purposes.

Form DW-2