

U.S. ARMY NAF 401(K) SAVINGS PLAN ENROLLMENT FORM FOR PORTABILITY EMPLOYEES

For use of this form, see AR 215-3; the proponent agency is DCS, G-1.

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 7013, Secretary of the Army; 26 USC 401, Qualified Pension, profit-sharing, and stock bonus plans; Public Law 104-106, The National Defense Authorization Act for Fiscal Year 1996; DoD Instruction 1400.25, Volume 1408, Insurance and Annuities for Nonappropriated Fund (NAF) Employees; Army Regulation 215-3, Nonappropriated Funds Instrumentalities Personnel Policy; and E.O. 9397 (SSN), as amended.

PRINCIPAL PURPOSE: For Appropriated Fund employees to continue participation in the Army Nonappropriated Funds Employees 401(k) savings Plan based on a portability election IAW Public Law 104-106. See the Systems of Records Notice A0215-1 HQ IMCOM (G-9), Non-appropriated Fund Employee Insurance and Retirement Files <https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570007/a0215-1-cfsc.aspx>

ROUTINE USES: This information may be disclosed as described in the routine uses of the Privacy Act of 1974, 5 U.S.C. 552 a(b)(3), as well as the routine uses listed in SORN A0215-1, to include, Fidelity Investments for purpose of managing employees' investment funds and to the Internal Revenue Services for tax purposes.

DISCLOSURE: Voluntary; however, failure to provide identifying information may delay the processing of the form for 401(K) contributions.

1. EMPLOYEE'S NAME (<i>Last, First, Middle Initial</i>)	2. DATE OF APPOINTMENT WITH CURRENT AGENCY	3. LAST 4 OF SSN	4. DOD ID NUMBER
5. DATE OF BIRTH (DOB)	6. MARITAL STATUS	7. CONTRIBUTION INFORMATION (<i>I elect one of the following</i>): <input type="checkbox"/> START CONTRIBUTIONS <input type="checkbox"/> STOP CONTRIBUTIONS <input type="checkbox"/> CHANGE CONTRIBUTIONS	

I CHOOSE TO CONTRIBUTE THE FOLLOWING PERCENTAGE OF MY PAY: _____ %
 (PERCENTAGE AMOUNTS MUST BE IN WHOLE PERCENTAGES BETWEEN 1% AND 92% INCLUSIVE)
 EFFECTIVE DATE OF THIS ELECTION WILL BE THE DATE THE EMPLOYEE SIGNS THE FORM CONTRIBUTIONS WILL BEGIN TO BE DEDUCTED ON THE FIRST DAY OF THE FIRST FULL PAY PERIOD ON OR AFTER THE DATE OF ELECTION CANNOT EXCEED ANNUAL MAXIMUM CONTRIBUTION AMOUNT DETERMINED BY THE INTERNAL REVENUE SERVICE.

8. DESIGNATION OF BENEFICIARY(IES) FOR USANAF 401(K) SAVINGS PLAN:
 As a participant in the U.S. Army NAF Employee 401(k) Saving plan, I hereby designate the following person(s) as the beneficiary(ies) of any amounts distributable upon my death. If I have designated both a primary beneficiary(ies) and secondary beneficiary(ies), all of the amounts distributable from the Plan will be distributed at the time of my death to each surviving primary beneficiary. If no primary beneficiary survives me, each surviving secondary beneficiary(ies) shall receive all amounts distributable from the Plan. I can change the designation at any time by filing a new designation with the U.S. Army NAF Employee Benefits Office. This designation is subject to the terms of the Plan, and is effective if received in the U.S. Army NAF Employee Benefits Office prior to my death. Include full name, social security number, date of birth, complete mailing address; including zip code, and relationship.

Please designate whether the beneficiary is a Primary Beneficiary or a Secondary Beneficiary by checking the appropriate box.

BENEFICIARY	PERCENTAGE	FULL NAME	COMPLETE MAILING ADDRESS (ZIP CODE)	RELATIONSHIP
<input type="checkbox"/> PRIMARY	_____ %	SOCIAL SECURITY NO.		
<input type="checkbox"/> SECONDARY		DATE OF BIRTH		
<input type="checkbox"/> PRIMARY	_____ %	SOCIAL SECURITY NO.		
<input type="checkbox"/> SECONDARY		DATE OF BIRTH		
<input type="checkbox"/> PRIMARY	_____ %	SOCIAL SECURITY NO.		
<input type="checkbox"/> SECONDARY		DATE OF BIRTH		
<input type="checkbox"/> PRIMARY	_____ %	SOCIAL SECURITY NO.		
<input type="checkbox"/> SECONDARY		DATE OF BIRTH		
<input type="checkbox"/> PRIMARY	_____ %	SOCIAL SECURITY NO.		
<input type="checkbox"/> SECONDARY		DATE OF BIRTH		
<input type="checkbox"/> PRIMARY	_____ %	SOCIAL SECURITY NO.		
<input type="checkbox"/> SECONDARY		DATE OF BIRTH		

9. STATEMENT OF UNDERSTANDING
NOTE: UPON MY INITIAL ENROLLMENT IN THE USANAF 401(k) SAVINGS PLAN, I UNDERSTAND THAT MY DEFERRAL PERCENTAGE WILL BE INVESTED IN THE DESIGNATED 401(K) DEFAULT FUND. IT IS MY RESPONSIBILITY TO CONTACT FIDELITY AFTER THE FIRST WITHHOLDING FROM MY PAY TO TRANSFER MY MONEY FROM ONE FUND TO ANOTHER. I MAY CONTACT FIDELITY AT 1-800-835-5093 OR I MAY ACCESS MY ACCOUNT AT WWW.401K.COM TO CHANGE MY INVESTMENT OPTIONS. I UNDERSTAND THAT CONTRIBUTIONS WILL NOT BE DEDUCTED RETROACTIVELY. CONTRIBUTIONS WILL BEGIN TO BE DEDUCTED ON THE FIRST DAY OF THE FIRST FULL PAY PERIOD ON OR AFTER THE DATE OF ELECTION. EMPLOYEE INITIALS: _____

10. AUTHORIZATION

EMPLOYEE SIGNATURE	DATE (YYYYMMDD)	HUMAN RESOURCES (HR) SIGNATURE	DATE (YYYYMMDD)
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INSTRUCTIONS FOR COMPLETING APPLICATION FOR U.S. ARMY NAF 401(K) SAVINGS PLAN ENROLLMENT FORM FOR PORTABILITY EMPLOYEES

SEND COPIES TO:

THE EMPLOYEE'S APPROPRIATED FUND SERVICING CIVILIAN PAYROLL OFFICE (DFAS, NBC, NFC, ETC.);
THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER; AND THE U.S. ARMY NAF EMPLOYEE BENEFITS OFFICE, PO BOX 340309, FT. SAM HOUSTON, TX 78234 OR BY FAX: 210-466-1631.

ITEMS:

1. Enter last name, first name and middle initial.
2. Enter the date the employee moved to the current agency.
3. Self-explanatory.
4. Self-explanatory.
5. Self-explanatory.
6. Use drop down list to select marital status.
7. Start Contributions:
This option should be selected the first time that employee begins making contributions in the new (gaining) agency. Whenever a portability employee moves between agencies, they must start contributions with the new agency/payroll office.

Stop Contributions: This option should be selected when an employee chooses to stop all contributions to their 401(k) savings plan. A new DA Form 7426 will need to be completed to start contributing again.

Change Contributions: This options should be selected when an employee who is already contributing the 401(k) savings plan chooses to change the amount of contributions that are withheld from his/her paycheck.
8. Must designate at least one primary beneficiary. Percentages for beneficiaries must total 100% for both primary and secondary beneficiaries.
9. Employee must initial the Statement of Understanding.
10. Both the employee and the servicing Human Resources Office must sign and date this form to commence withholding from paycheck. Completed form must be submitted by the servicing Human Resources Office to the employee's servicing civilian payroll office immediately upon signing.