

NARFE's Dues Withholding Program – DW-2

What is dues withholding?

It is a dues-payment method that gives NARFE members (retirees) the option of having their annual NARFE membership dues deducted from their annuities on a monthly basis.

Advantages

- Save 15% off your annual NARFE dues!
- Sign up your spouse and double your savings!
- You'll never get another dues reminder from us!
- Your monthly payment is affordable and convenient!
- You may cancel your dues withholding at any time!

How does it work?

One-twelfth of your total dues is automatically deducted from your monthly annuity. Your monthly deduction is determined by the following formula:

$$(\$34 \text{ NARFE Dues} \div 12) + (\text{Chapter Dues - if applicable} \div 12) = \text{Total Monthly Deduction}$$

How do I sign up?

Complete the Dues Withholding Application below. Send no payment. It may take 60 to 90 days before auto-deduction starts. Your membership starts as soon as your application is received.

To learn more about dues withholding, call **800-456-8410**.



NARFE Dues Withholding Application for Current Members who are Retirees, Spouses of Retirees or Annuitant Survivors

YES. I want to enroll in NARFE's Dues Withholding Program NARFE dues of \$34 (a 15% discount off NARFE dues for dues-withholding members) and chapter dues, if applicable, to be withheld annually.

Social Security Number (9-digit number)

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Mr. Mrs. Miss Ms.

Full Name _____

Street Address _____

Apt./Unit _____

City _____ State _____ ZIP _____

Phone (_____) _____

Email _____

Date of Birth ____/____/____
mm dd yyyy

Civil Service Annuity Number

C S □ - □ □ □ - □ □ □ □ □
↑ (Include prefix, CSA or CSF) ↑
(Include any applicable suffix)

NARFE MEMBERSHIP INFORMATION

NARFE Membership ID _____

NARFE Chapter Number (if applicable) _____

YES. I Also Authorize My (NARFE MEMBER) Spouse's Dues To Be Withheld From My Annuity. (Additional annual dues of \$34 and chapter dues, if applicable, to be withheld annually. If YES, enter spouse's information below.

Spouse's Name _____

Spouse's Membership ID _____

Spouse's Email _____

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

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

I understand that this 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.

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.

MAIL THIS FORM TO: NARFE, ATTN: Member Records, 606 N. Washington St., Alexandria, VA 22314-1914
www.narfe.org 800-456-8410 rr@narfe.org

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Do not send money with this form