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Dues Withholding Application for Retirees		
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Be sure to fill out both sides of this form and mail to: Attn: Member Records, NARFE, 606 North Washington Street, Alexandria, VA 22314 (Please Print)		
Social Security Number		
(9-digit number)		Civil Service Annuity Number (Include prefix, CSA or CSF)
(Mr., Mrs., Miss, Ms.)		(Include any applicable suffix)——
	irst, Middle Initial	
Address:		Telephone Number:
City, State, Zip:		E-mail:
Date of Birth:	NARFE Membership Number	NARFE Chapter Number: 65
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AUTHORIZATION (Withho	lding will begin in 60-90 days). No paymen	t should be forwarded with application.
I authorize the United States Office of fied by the National Active and Retir tions I make below and to pay the dec	Personnel Management to make appropriate deductioned Federal Employees Association as the amount of due	s from my annuity payments, not to exceed the amount certi- s for which I am annually obligated, in accordance with elec- imployees Association (NARFE). This authorization shall also
Do You Authorize Your Spouse's Dues to Be Withheld		You authorize:
from Your Annuity?  Yes  No		Annual NARFE dues of \$34.00 plus
If YES, enter your spouse's name and membership number below.		Chapter dues of record to be withheld annually.
Name	Number	
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  Dues payments and gifts or contributions to NARFE are not deductible as charitable contributions to		Date  DW-2 (10/10)  ons for federal income tax purposes.