



RETIREMENT ESTIMATE (FORM RP-3)

PLEASE READ INSTRUCTIONS CAREFULLY

EMPLOYEE REQUESTING AN ESTIMATE SHOULD BE A RETIREMENT PLAN PARTICIPANT WITH A MINIMUM OF 5 YEARS OF REGULAR FULL-TIME OR REGULAR PART-TIME SERVICE.

REQUEST FOR ESTIMATES SHOULD BE WITHIN 18 MONTHS OF EMPLOYEES PROJECTED RETIREMENT DATE. OTHER INQUIRES SHOULD USE THE RETIREMENT ESTIMATE CALCULATOR LOCATED ON THE *NAVYMWR.ORG* WEBSITE.

APPLICATION INSTRUCTIONS

1. Please type use blue or black ink.
2. Please **PRINT** clearly.
3. Complete all areas of this estimate form.
4. Provide copies of the following:
 - a. Regular Hire PAR/Change PARs to Regular Status
 - b. Retirement Enrollment Form RP-2
 - c. Buyback documentation
 - d. Breaks in Service documentation
5. Ensure ALL selections are clearly marked with an “X”
6. Ensure required “*Signatures*” and contact information is provided.

*****Note: Participants need to be aware that the information generated from this request is ONLY AN ESTIMATE. Annuity amount may vary once an official Retirement Package is completed. Estimates do not include sick leave hours. Unused sick leave hours will only be included during official retirement annuity calculation, which will count toward credited service time. Deferred annuity calculation cannot include sick leave hours.***

Send estimate request and all required documentation to:

Email: mill_cnic_retirement@navy.mil

Fax: (901) 874-6844

Mail: Retirement Resource Team (N94R)
Commander, Navy Installations Command
5720 Integrity Drive
Millington, TN 38055-6540

WE HOPE THIS WILL HELP DURING THE PLANNING PROCESSES ON YOUR ROAD
TO RETIREMENT...LET'S BEGIN!



COMMANDER, NAVY INSTALLATIONS COMMAND
NON-APPROPRIATED FUND RETIREMENT PLAN
ESTIMATE REQUEST

SECTION I: GENERAL INFORMATION

- Complete by local NAF HR Office -

1. Employee Name: _____
(Last) (First) (MI)

2. Date of Birth: ____/____/____
(MM) (DD) (YYYY)

3. Regular Hire Date: ____/____/____
(MM) (DD) (YYYY)

4. Expected Retirement Date: ____/____/____
(MM) (DD) (YYYY)

5. Enrollment Date: ____/____/____ (Provide copy of Enrollment Form)
(MM) (DD) (YYYY)

6. Buyback of Credited Service: Yes No

If Yes, please select Buyback Period: 1976 1996 2003 (Provide all Buyback documentation)

7. Other DoD NAFI Service: Yes No

8. Prior Enrollment in GS Retirement Plan (FERS/CSRS): Yes No

****Note:** Estimates do not include sick leave hours. Unused sick leave hours will be included during official retirement annuity calculation, which will count toward credited service time. Deferred annuity calculation cannot include sick leave hours.

Local NAF HR Representative: _____ Date: ____/____/____
(Signature) (MM) (DD) (YYYY)

Contact No.: (____)____ - _____