


Please return completed form to: G E B A P.O. Box 206 Annapolis Junction, MD 20701		FOR GEBA Use Only Date Received (mm/dd/yyyy)
		Member Number

VAC MetLife - Contribution Form - Supplemental Retirement Plan

Please return this form to: GEBA, P.O. Box 206, Annapolis Junction, MD 20701-0206.
 Call us with questions at (301) 688-7912 or (800) 826-1126.

General Information:

Applicant's Name (First, MI, Last)	Social Security No.	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Address (Street)	Date of Birth (mm/dd/yyyy)	Home Email Address
(City) (State) (ZIP)	Home Phone No.	Black/Non-Classified Phone No.

*Members/applicants having concerns about email communications should not provide their email address.
 All correspondence with such members shall be conducted via regular mail.*

Type of Member:

<input type="checkbox"/> Active Intelligence Community Employee	Hire Date: _____
<input type="checkbox"/> Retired Intelligence Community Employee	Hire Date: _____ Retirement Date: _____
<input type="checkbox"/> Military Assignee (Assigned to NSA-W)	Assignment Date: _____
<input type="checkbox"/> Spouse of Employee/Retiree	Employee/Retiree Name: _____
<input type="checkbox"/> Contractor (Assigned to NSA-W)	Assignment Date: _____
Contracting Company Name _____	

Indicate the Department of Defense (DoD) organization you are with or were last with (Please check only one):

- Defense Career Management Support Agency (DCMSA)
- Defense Information Systems Agency (DISA)

Intelligence Community

- Office of the Director of National Intelligence (ODNI)

Program Managers

- Central Intelligence Agency (CIA)
- Defense Intelligence Agency (DIA)
- Federal Bureau of Investigation, Directorate of Intelligence, National Security Branch (FBI)
- National Geospatial-Intelligence Agency (NGA)
- National Reconnaissance Office (NRO)
- National Security Agency (NSA)

Departmental

- Drug Enforcement Administration, Intelligence Division (DEA)
- Department of Energy, Office of Intelligence
- Department of Homeland Security, Office of Intelligence and Analysis (DHS)
- Department of State, Bureau of Intelligence and Analysis
- Department of Treasury, Office of Intelligence and Analysis

Services

- U.S. Air Force/ Intelligence and Air Intelligence Agency
- U.S. Army/DCS, G2 & Intelligence & Security Command
- U.S. Coast Guard/Intelligence & Criminal Investigations
- U.S. Marine Corps/Intelligence & Marine Corp Intelligence Activity
- U.S. Navy/Office of Naval Intelligence (ONI)
- Other: _____

How did you hear about us?

- | | |
|----------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> New Hire/PCS Briefing or Packet | <input type="checkbox"/> Word of Mouth |
| <input type="checkbox"/> Website | <input type="checkbox"/> Member Services Representative |
| <input type="checkbox"/> Brochure | <input type="checkbox"/> Newsletter/Mailing |
| <input type="checkbox"/> Promotional Table | <input type="checkbox"/> Email |

Signature: _____ **Date:** _____

At GEBA, there are no membership fees required to be a member. After enrolling into at least one of GEBA's insurance or investment plans, you are considered a GEBA member. Continuing to pay your premium for at least one plan allows you to remain a GEBA member in good standing. Once a GEBA member, always a GEBA member.

Type of Contribution

Make check(s) payable to GEMBA-SRP. Payroll allotment contributions are available for the NSA and DIA only.

- Previous Year Traditional IRA** (thru April 15th) - Up to \$5,000, or \$6,000 if over age 50
 Lump sum: \$ _____ Agency payroll allotment: \$ _____ Auto Debit: \$ _____ Monthly Biweekly
- Previous Year Roth IRA** (thru April 15th) - Up to \$5,000, or \$6,000 if over age 50
 Lump sum: \$ _____ Agency payroll allotment: \$ _____ Auto Debit: \$ _____ Monthly Biweekly
- IRA Trustee Transfer: \$ _____ Institution received from: _____
- IRA Rollover: \$ _____ Institution received from: _____
- Non tax-deductible Group Annuity:
 Lump sum: \$ _____ Agency payroll allotment: \$ _____ Auto Debit: \$ _____ Monthly Biweekly
- 1035 Exchange (Group Annuity only): \$ _____ Institution received from: _____
 Cost Basis: _____

Variable Annuity Asset Allocation: Please designate the percentage of your contribution you wish to be applied to each fund below. You must contribute a minimum of 10% to each fund you choose, and your allocation must be made in whole numbers (no decimals). Your total allocation must equal 100%. Future contributions to this plan will be invested according to this election unless you indicate otherwise at that time. Your investment election is fully subject to provisions outlined in the Plan and Group Contract. This plan is underwritten by MetLife Insurance Company of America.

Funding Options	Asset Class	
Fixed Interest Account	Cash/Cash Equivalent	%
Western Asset Management US Government	1-5 Year Fixed	%
American Funds Bond Fund	Aggregate Bond	%
BlackRock Bond Income	Aggregate Bond	%
Barclays Capital Aggregate Bond Index	Aggregate Bond	%
PIMCO Total Return	Aggregate Bond	%
Western Asset Management Strategic Bond Opportunities	Multi-Sector Bond	%
PIMCO Inflation Protected Bond	Treasury Inflation Protected Securities	%
Lord Abbett Bond Debenture	High Yield	%
Black Rock Diversified	Balanced	%
Met/Franklin Income	Balanced	%
Met/Franklin Templeton Founding Strategy	Balanced	%
MFS Total Return	Balanced	%
Clarion Global Real Estate	REIT's	%
Met/Templeton Growth	Global	%
Oppenheimer Global Equity	Global	%
BlackRock Large Cap Value	Large Cap Value	%
Davis Venture Value	Large Cap Value	%
FI Value Leaders	Large Cap Value	%
MFS Value	Large Cap Value	%
Met/Franklin Mutual Shares	Large Cap Value	%
American Funds Growth-Income Fund	Large Cap Blend	%
BlackRock Large Cap Core	Large Cap Blend	%
Legg Mason Value Equity	Large Cap Blend	%
MetLife Stock Index	Large Cap Blend	%
Met/Artisan Mid Cap Value	Mid Cap Value	%
Neuberger Berman Mid Cap Value	Mid Cap Value	%
FI Mid Cap Opportunities	Mid Cap Growth	%
Lazard Mid Cap	Mid Cap Blend	%
MetLife Mid Cap Stock Index	Mid Cap Blend	%
American Funds Global Small Cap Fund	Global Small Cap	%
Harris Oakmark International	International	%
Artio International Stock	International	%
MFS Research International	International	%
Morgan Stanley EAFE Index	International	%
BlackRock Strategic Value	Small Cap Value	%
Loomis Sayles Small Cap Core	Small Cap Blend	%
Russell 2000 Index	Small Cap Blend	%

American Funds Growth Fund	Large Cap Growth	%
Black Rock Legacy Large Cap Growth	Large Cap Growth	%
Janus Forty	Large Cap Growth	%
Jennison Growth	Large Cap Growth	%
Legg Mason Partners Aggressive Growth	Large Cap Growth	%
Oppenheimer Capital Appreciation	Large Cap Growth	%
T. Rowe Price Large Cap Growth	Large Cap Growth	%
Loomis Sayles Small Cap Growth	Small Cap Growth	%
Met/AIM Small Cap Growth	Small Cap Growth	%
T. Rowe Price Small Cap Growth	Small Cap Growth	%
BlackRock Aggressive Growth	Mid Cap Growth	%
T. Rowe Price Mid Cap Growth	Mid Cap Growth	%
RCM Technology	Sector/Technology	%

Portfolios that invest in Exchange Traded Funds		
SSGA Growth and Income EFT	Balanced - Flexible	%
SSGA Growth ETF	Large Cap Blend	%

Allocation Portfolios		
American Funds Moderate Allocation	Asset Allocation	%
American Funds Balanced Allocation	Asset Allocation	%
American Funds Growth Allocation	Asset Allocation	%
MetLife Conservative Allocation	Asset Allocation	%
MetLife Conservative to Moderate Allocation	Asset Allocation	%
MetLife Moderate Allocation	Asset Allocation	%
MetLife Moderate to Aggressive Allocation	Asset Allocation	%
MetLife Aggressive Allocation	Asset Allocation	%
	TOTAL:	%

The above allocation applies to: ____ this purchase payment only ____ this purchase payment and future purchase payments.

Beneficiary Designation

- Beneficiaries may be a person(s), estate, trust, or organization. If a trust is named, the legal documentation must be submitted with this form.
- If your primary beneficiary(ies) is(are) unable to accept the distribution, your contingent beneficiary(ies) will receive proceeds of the account.
- Please be sure that percentages listed in each beneficiary category add up to 100%. Use a separate sheet to list any additional beneficiaries. You must sign and date all attachments.

Please use beneficiary information on file. Please change/add beneficiaries as indicated below.

Primary Beneficiary(ies):

1.	Full Name	Date of Birth	Relationship	SSN
	Address:			Benefit %:
2.	Full Name	Date of Birth	Relationship	SSN
	Address:			Benefit %:

Secondary Beneficiary(ies):

1.	Full Name	Date of Birth	Relationship	SSN
	Address:			Benefit %:
2.	Full Name	Date of Birth	Relationship	SSN
	Address:			Benefit %:

Member Signature:

I acknowledge that I have received and read the GEMBA Supplemental Retirement Account Summary Plan Description, Disclosure Statement, and MetLife Asset Builder Prospectus which includes any and all withdrawal penalties. I certify that I have read this form and completed all applicable sections completely and accurately. I authorize GEMBA to invest my funds in the manner indicated on this form.

Signature: _____ Date: _____

GEMBA Authorized Signature: _____ Date: _____