

APPROVED FOR RELEASE DATE: 10-Nov-2008

~~SECRET~~  
(WHEN FILLED IN)

### APPLICATION FOR RETIREMENT

#### CIA RETIREMENT AND DISABILITY SYSTEM

To avoid delay—1. Read information carefully; 2. Complete application in full; 3. Typewrite or print in ink

#### A. PERSONAL INFORMATION

|   |         |   |          |  |  |
|---|---------|---|----------|--|--|
| 1. NAME<br>MR.<br>MRS.<br>MISS                                      | (Last)  | (First)   | (Middle) | 2. DATE OF BIRTH<br>(Month) (Day) (Year) | 3. SOCIAL SECURITY NUMBER                  |
|   | CARANCI | John  | C        | Feb 7 1922                               |  |
| 4. ADDRESS (Number and street) (City and State) (Zip Code)          |         |   |          |  |  |
| CORRES: 64 Eddy Street Centredale, Rhode Island 02911               |         |   |          |  |  |
| CHECKS: Same as Correspondence                                      |         |   |          |  |  |
| 5. (A) ARE YOU MARRIED?   |         |   |          |  |  |
| <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |         |   |          |  |  |
| 6. (B) IF "YES," GIVE THE FOLLOWING INFORMATION:                    |         |   |          |  |  |
| WIFE'S OR HUSBAND'S NAME<br>(First) (Middle)                        |         | HER (OR HIS) BIRTH DATE<br>(Month) (Day) (Year) |          | DATE OF MARRIAGE<br>(Month) (Day) (Year) | ADDRESS OF SPOUSE IF DIFFERENT FROM ITEM 4 |
|   |         |   |          |  |  |

#### B. CIVILIAN SERVICE

|   |  |  |
|---|--|--|
| 1. OFFICE OF ASSIGNMENT   | 2. SERVICE DESIGNATION                           | 3. LOCATION OF EMPLOYMENT (City and State)   |
| DDP   |  | Washington, D. C.  |
| 4. TITLE OF LAST POSITION   | 5. DATE OF FINAL SEPARATION (Month) (Day) (Year) | 6. APPROXIMATE NUMBER OF YEARS OF CIVILIAN SERVICE                                 |
| Devel. & Eng. Technologist  |  |  |
| 7. DO YOU HAVE FEDERAL EMPLOYEES GROUP LIFE INSURANCE?              |  | 8. ARE YOU ENROLLED IN A PLAN UNDER THE FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM? |
| <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |  | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO                |

#### C. MILITARY SERVICE

COMPLETE THE SCHEDULE BELOW IF YOU HAVE PERFORMED ACTIVE DUTY THAT TERMINATED UNDER HONORABLE CONDITIONS IN ANY OF THE FOLLOWING SERVICES: (A) ARMY, NAVY, MARINE CORPS, AIR FORCE, OR COAST GUARD OF THE UNITED STATES; OR (B) REGULAR CORPS OR RESERVE CORPS OF THE PUBLIC HEALTH SERVICE AFTER JUNE 30, 1960; OR (C) AS A COMMISSIONED OFFICER OF THE COAST AND GEODETIC SURVEY AFTER JUNE 30, 1961. IF AVAILABLE, ATTACH A COPY OF YOUR DISCHARGE CERTIFICATE.

| BRANCH OF SERVICE  | SERIAL NUMBER | DATE OF ENTRANCE ON ACTIVE DUTY | DATE OF SEPARATION FROM ACTIVE DUTY | LAST GRADE OR RANK | ORGANIZATION AT DISCHARGE (Div., Regt., Co., etc.) |
|--|---------------|---------------------------------|-------------------------------------|--------------------|--|
| U. S. Army   | 31182993      | 17 Oct 42                       | 5 Feb 46                            | T5                 |  |
| 2. (A) ARE YOU A MILITARY RESERVIST (EITHER ACTIVE OR INACTIVE)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |               |                                 |                                     |                    |  |
| 2. (B) ARE YOU IN RECEIPT OF OR HAVE YOU EVER APPLIED FOR MILITARY RETIRED PAY? (RETIRED PAY DOES NOT INCLUDE V.A. PENSION OR COMPENSATION.) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |               |                                 |                                     |                    |  |
| 2. (C) IF "YES," WERE YOU RETIRED FROM A RESERVE COMPONENT UNDER CHAPTER 67, TITLE 10, U.S.C. (FORMERLY TITLE III, PUBLIC LAW 80-81)? <input type="checkbox"/> YES <input type="checkbox"/> NO                   |               |                                 |                                     |                    |  |

#### D. DISABILITY INFORMATION

Only applicants for total disability retirement will complete Part D.

1. WHEN DID YOU BECOME TOTALLY DISABLED? (Month) (year)  
*April 1970*

2. BRIEFLY DESCRIBE YOUR DISABILITIES, STATE WHEN INCURRED, AND HOW THEY INTERFERE WITH PERFORMANCE OF THE DUTIES OF YOUR POSITION. (ATTACH ADDITIONAL COMMENTS ON PLAIN SHEET OF PAPER IF NECESSARY.)  
*Removal of Rt. Testis - removal of Ft. Lung*

#### E. OTHER CLAIM INFORMATION

|  |   |
|--|---|
| 1. (A) HAVE YOU EVER RECEIVED OR MADE APPLICATION FOR COMPENSATION UNDER THE FEDERAL EMPLOYEES' COMPENSATION ACT?  | 1. (B) IF "YES," STATE THE NUMBER OF YOUR COMPENSATION CLAIM AND THE PERIOD FOR WHICH YOU RECEIVED COMPENSATION   |
| Will Apply <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO   | CLAIM NUMBER FROM (Month) (Day) (Year) TO (Month) (Day) (Year)  |
| 2. (A) HAVE YOU PREVIOUSLY FILED ANY APPLICATION UNDER THE CIVIL SERVICE RETIREMENT SYSTEM, INCLUDING APPLICATION FOR RETIREMENT, REFUND, DEPOSIT, OR REDEPOSIT, OR VOLUNTARY CONTRIBUTIONS?         | 2. (B) IF "YES," INDICATE THE TYPE(S) OF APPLICATION AND GIVE THE CLAIM NUMBER(S) IF KNOWN  |
| <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  | <input type="checkbox"/> RETIREMENT <input type="checkbox"/> DEPOSIT OR REDEPOSIT<br><input type="checkbox"/> REFUND <input type="checkbox"/> VOLUNTARY CONTRIBUTIONS       |
| 3. (A) HAVE YOU PREVIOUSLY FILED ANY APPLICATION UNDER THE CIA RETIREMENT & DISABILITY SYSTEM, INCLUDING APPLICATION FOR RETIREMENT, REFUND, PURCHASE OF SERVICE CREDIT, OR VOLUNTARY CONTRIBUTIONS? | 3. (B) IF "YES," INDICATE THE TYPE(S) OF APPLICATION:   |
| <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO  | <input type="checkbox"/> RETIREMENT <input type="checkbox"/> PURCHASE OF SERVICE CREDIT<br><input type="checkbox"/> REFUND <input type="checkbox"/> VOLUNTARY CONTRIBUTIONS |
| 4. (A) HAVE YOU EVER BEEN EMPLOYED UNDER ANOTHER RETIREMENT SYSTEM FOR FEDERAL OR DISTRICT OF COLUMBIA EMPLOYEES?  | 4. (B) IF "YES," GIVE THE NAME OF THE OTHER RETIREMENT SYSTEM   |
| <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO  | Civil Service Retirement System   |

INDICATE, BY SIGNING YOUR INITIALS IN THE APPROPRIATE BOX BELOW, THE TYPE OF ANNUITY YOU WANT TO RECEIVE. READ THE EXPLANATIONS AND CONSIDER THE MATTER CAREFULLY. NO CHANGE WILL BE PERMITTED AFTER AN ANNUITY HAS BEEN GRANTED. IF YOU WANT AN ANNUITY WITH A SURVIVOR BENEFIT, BE SURE TO GIVE THE OTHER INFORMATION CALLED FOR.

F. TYPES OF ANNUITY: MARRIED APPLICANTS ONLY

1. INITIALS  ANNUITY WITH SURVIVOR BENEFIT TO WIDOW OR WIDOWER

SPECIFY THE PORTION OF YOUR ANNUITY YOU WANT USED AS THE BASE FOR YOUR WIDOW'S (OR WIDOWER'S) SURVIVOR ANNUITY.

If you want all your annuity used as the base for the survivor benefit, write the word "all" in the box below. If you want only part of your annuity used as the base for the survivor benefit, write the yearly amount of your annuity you want used.

\$

THE SURVIVOR'S ANNUITY WILL BE 55% OF ALL OR WHATEVER PORTION OF YOUR ANNUITY YOU SPECIFY AS THE BASE FOR HER (OR HIS) BENEFIT.

- If you are married, you will receive this type of annuity unless you choose the annuity in F. 2.
- The annuity payable to you during your lifetime will be reduced by 2 1/2% of any amount up to \$3,600 a year used as the base for the survivor benefit, plus 10% of any amount over \$3,600 so used.
- If you retire for total disability before age 60 and get a guaranteed minimum disability annuity, you may use all or any part of your "earned" annuity as the base for the survivor benefit. You cannot use any extra annuity which may be payable to make up the guaranteed minimum annuity.
- If your wife (or husband) should die before you, no change in type of annuity will be permitted, your annuity will not be increased, nor may you name any other person as survivor.
- The survivor's annuity will begin upon your death and end when she (or he) dies or remarries.

2. INITIALS  ANNUITY WITHOUT SURVIVOR BENEFIT

(I do not desire my wife (or husband) to receive a survivor annuity benefit after my death.)

- If you choose this type, your wife (or husband) cannot be paid a survivor annuity after your death.
- This type provides annuity payments to you only.

G. TYPES OF ANNUITY: UNMARRIED APPLICANTS ONLY (Including Widowed and Divorced)

1. INITIALS  ANNUITY WITHOUT SURVIVOR BENEFIT

- If you are not married, you will receive this type of annuity unless you choose the annuity in G. 2.
- This type provides annuity payments to you only.

2. INITIALS  ANNUITY WITH SURVIVOR BENEFIT TO NAMED PERSON HAVING AN INSURABLE INTEREST

SPECIFY THE NAME, RELATIONSHIP AND DATE OF BIRTH OF THE PERSON YOU WISH TO RECEIVE THE SURVIVOR ANNUITY.

NAME OF PERSON (First, middle, last)

|              |                               |
|--------------|-------------------------------|
| RELATIONSHIP | DATE OF BIRTH (Mo., day, yr.) |
|              |                               |

SEE UNMARRIED EMPLOYEES UNDER INFORMATION REGARDING SURVIVOR ANNUITIES ON THE ATTACHED INFORMATION SHEET FOR EXPLANATION OF REDUCTION IN YOUR ANNUITY.

- This type is available to all retiring unmarried employees who are in good health.
- It provides a reduced annuity to you and a survivor annuity to the person named as having an insurable interest.
- The survivor's annuity will begin upon your death and end when she (or he) dies.
- The survivor's annuity will be 55% of the reduced annuity you receive.
- If you choose this type, you will have to undergo a medical examination which will be arranged by the Director of Personnel at no cost to you.
- If the person named as having an insurable interest should die before you, no change in type of annuity will be permitted, your annuity will not be increased, nor may you name any other person as survivor.

H. CERTIFICATION OF APPLICANT

WARNING—Any intentional false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both (18 U.S.C. 1001).

I hereby certify that all statements made in this application are true to the best of my knowledge and belief.

6 April 71 [Signature] (DATE) (SIGNATURE OF APPLICANT)

I. FOR OFFICE OF PERSONNEL USE ONLY

OFFICE OF PERSONNEL USE ONLY

CLASSIFICATION: UNCLASSIFIED

CONTROL NO: 100-10-2222

DATE: 6 APR 71

BY: [Signature]

DIV. OF PERSONNEL AND DISABILITY PAYOUTS

VEHICULAR LOG RETRIEVAL