

CENTRAL INTELLIGENCE AGENCY  
RETIREMENT AND DISABILITY SYSTEM  
WASHINGTON, D.C. 20505

(b)(6)

APPROVED FOR  
RELEASE DATE:  
10-Nov-2008

8 June 1970  
ANNUITY STATEMENT

John C. Caranci  
61 Eddy Street  
Centerdale, Rhode Island 02911

SOCIAL SECURITY NUMBER:

YOUR FIRST ANNUITY CHECK	
FOR THE PERIOD	
4/1/70 - 5/31/70	
WILL BE MAILED NOT LATER THAN	
12 June 1970	
GROSS ANNUITY	
\$	828.00
AMOUNT WITHHELD FOR HEALTH BENEFITS	
\$	10.70
AMOUNT WITHHELD OPT/FEGLI	
\$	
AMOUNT WITHHELD MEDICARE	
\$	
AMOUNT WITHHELD OTHER	
\$	
NET CHECK	
\$	787.30

KEEP THIS STATEMENT. YOU WILL NEED IT FOR FEDERAL INCOME TAX AND FOR OTHER PURPOSES.

AS SHOWN BELOW, YOU HAVE BEEN GRANTED AN ANNUITY AS A RETIRED EMPLOYEE OF THE UNITED STATES GOVERNMENT.						
EFFECTIVE DATE	MONTHLY RATE	DEDUCTIONS				NET MONTHLY ANNUITY RATE
		HEALTH BENEFITS	OPT/FEGLI	MEDICARE	OTHER	
1 April 1970	\$ 411.00	\$ 20.35	\$	\$	\$	\$ 393.65
YOUR TOTAL CONTRIBUTIONS TO THE RETIREMENT FUND		TYPE OF RETIREMENT				
\$ to be mailed later		<input type="checkbox"/> NON-DISABILITY <input checked="" type="checkbox"/> DISABILITY RETIREMENT AGE FOR INCOME TAX PURPOSES IS 60 YEARS OF AGE.				

HEALTH BENEFITS: ENROLL. CODE NO. <u>122</u>	CARRIER'S CONT. NO. <u>078516</u>
YOUR ANNUITY PLAN PROVIDES:	
<input type="checkbox"/> ANNUITY TO DESIGNATED SURVIVOR	<input checked="" type="checkbox"/> ANNUITY FOR YOURSELF ONLY
THE INFORMATION BELOW WILL BE FILLED IN ONLY IF YOU ELECTED A SURVIVOR ANNUITY.	
SURVIVOR ANNUITANT'S NAME	MONTHLY RATE
	\$
EXPLANATION OF ANY ADJUSTMENTS	
<b>IMPORTANT</b>	
ALWAYS GIVE YOUR FULL NAME, DATE OF BIRTH, AND SOCIAL SECURITY NUMBER IF YOU WRITE TO US FOR ANY REASON.	

ROBERT S. WATTLES  
DIRECTOR OF PERSONNEL