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FILE	. PP	LICATION	FOR RETIR	EMCNT	
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I. NAME (Lost)	(First)	A. PERSONA	L INFORMATIC	N ATE OF BIRTH	3. SOCIAL SECURITY NUMBER
MR. MBB:		(Middle		onth) (Day) (Year)	3. SOCIAL SECURITY NUMBER
SWEINC		d Fran		ril 28, 1915	144-07-7204
-	(Number and street)	-	•	~	(Zip Code) 20014
CHECKS: America	In Security and	Trust Comp	any, State I	ept. Bldg, W	ash, D. C.
5. (A) ARE YOU 6. (B MARRIED?	6. (B) IF "YES." GIVE THE FOLLOWING INFORMATION:				
VIPE'S (Firs		R (OR HIS) BIRTH DATI Sonth) (Day) (Year)	(Month) (Day) (Yea	r)	IF DIFFERENT FROM HEFT 4
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1. OFFICE OF ASSIGNMENT		2. SERVICE DESIGNATION	ON 3. LOCATION OF	EMPLOYMENT (City and State	e)
DDP/EUR		D	05-20		
4. TITLE OF LAST POSITION					PROXIMATE NUMBER OF YEARS OF
<b>Operations</b> Off		May 31,			20
7. DO YOU HAVE FEDERAL	EMPLOYEES GROUP LIFE INS	) Di	RE YOU ENROLLED IN ROGRAM?	A PLAN UNDER THE FED	VERAL EMPLOYEES HEALTH BENEFITS
	11 <b>1</b> 2	terigina and the second se	RY SERVICE	telle a typythink a taking a t	
I. COMPLETE THE SCHEDULE	BELOW IF YOU HAVE PERFOR	MED ACTIVE DUTY THE	T TERMINATED LINDER	HONORABLE CONDITION	IS IN ANY OF THE FOLLOWING SERV- SERVE CORPS OF THE PUBLIC HEALTH . IF AVAILABLE, ATTACH A COPY OF
SERVICE AFTER JUNE 30, 19 YOUR DISCHARGE CERTIF	960; OR (C) AS A COMMISSION FICATE.	ED OFFICER OF THE CO	AST AND GEODETIC SU	IRVEY AFTER JUNE 30, 1961	. IF AVAILABLE. ATTACH A COPY OF
BRANCH OF SERVICE	SERIAL NUMBER	DATE OF ENTRANCE	DATE OF SEPARATION	LAST GRADE	ORGANIZATION AT DISCHARGE (Div., Regt., Co., etc.)
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U.S. Marine		I4 March	FROM <u>ACTIVE</u> DUTY 7 January	OR RANK	Marine Torpedo
	035838	1	<u></u>	Captain	Marine Torpedo Bombing Squadron
U.S. Marine	035838	14 March	7 January	Captain	Marine Torpedo
U.S. Marine Corps		14 March 1944	7 January 1946	Captain	Marine Torpedo Bombing Squadron 232
U.S. Marine	RE- 2. (B) ARÉ YOU IN REC IVE MILITARY RETI	14 March	7 January 1946	Captain	Marine Torpedo Bombing Squadron 232
U.S. Marine Corps 2. (A) ARE YOU A MILITARY SERVIST (EITHER ACT OR INACTIVE)? Retired	RE- 2. (B) ARÉ YOU IN REC IVE MILITARY RETI	14 March 1944 EEIPT OF OR HAVE YOU RED PAY? (RETIRED PA NSION OR COMPENSAT	7 January 1946	Captain C. (C) IF "YES." WERE YOU NENT UNDER CHAP	Marine Torpedo Bombing Squadron 232
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<ul> <li>U.S. Marine Corps</li> <li>2. (A) ARE YOU A MILITARY SERVIST (EITHER ACT OR INACTIVE)? Retired</li> <li>Retired</li> <li>YES NO</li> <li>Only applicants for complete Part D.</li> <li>2. BRIEFLY DESCRIBE YOUR ADDITIONAL COMMENTS</li> <li>I. (A) HAVE YOU EVER REC UNDER THE FEDERAL</li> <li>2. (A) HAVE YOU PREVIOUSL RETIREMENT SYSTEM.I DEPOSIT OR REDEPOSI</li> <li>3. (A) HAVE YOU PREVIOUSL</li> </ul>	RE- IVE 2. (B) ARE YOU IN REC MILITARY RETI CLUDE V.A. PER CLUDE V.A. PER DISABILITIES. STATE WHEN II ON PLAIN SHEET OF PAPER I ON PLAIN SHEET OF PAPER I EIVED OR MADE APPLICATION ENVELOPTICATION FOI INCLUDING APPLICATION FOI INCLUDING APPLICATION FOI INCLUDING APPLICATION FOI STATEM INCLUDING APPLICATION FOI STATEM INCLUDING APPLICATION FOI		7 January 1946         EVER APPLIED FOR Y DOES NOT IN- ION.)         Y INFORMATIO         I. WHEN DID YOL         I. WHEN DID YOL         THEY INTERFERE WITH         I. (B) IF "YES." ST/ PERIOD FOR CLAIM NUMBER         I. (B) IF "YES." IND AND GIVE TI RETIREMENT         I. (B) IF "YES." IND AND GIVE TI REFUND         I. (B) IF "YES." IND	Captain Captain Captain Control of the second secon	Marine Torpedo         Bombing Squadrom         232         J. RETIRED FROM A RESERVE COMPO         TER 67, TITLE 10, U.S.C. (FORMERLY         J. YES         NO         SILED?         J. Manth, year)         J. J. COMPENSATION CLAIM AND THOMPENSATION         J.R COMPENSATION CLAIM AND THOMPENSATION         Y9) (Year)         TO (Manth) (Day) (Year)         PLICATION         NOWIN         CLAIM NUMBER(S)         OSIT         PLICATION:
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CONSIDER THE MATTER CAREFULLY. NO CHANGE WILL BE PERMITTED AFTER VIVOR BENEFIT, BE SURE TO GIVE THE OTHER INFORMATION CALLED FOR	HE TYPE OF ANNUITY YOU WANT TO RECEIVE. READ THE EXPLANATIONS AND AN ANNUITY HAS BEEN GRANTED. IF YOU WANT AN ANNUITY WITH A SUR-		
T. TIPES OF ANNOITT: A	MARKIED APPLICANIS ONLY		
INITIALS ANNUITY WITH SURVIVOR BENEFIT TO 1. WIDOW OR WIDOWER	• If you are married, you will receive this type of annuity unless you choose the annuity in F. 2.		
SPECIFY THE PORTION OF YOUR ANNUITY YOU WANT USED AS THE BAS FOR YOUR WIDOW'S (OR WIDOWER'S) SURVIVOR ANNUITY.	<ul> <li>The annuity payable to you during your lifetime will be reduced by 2½% 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.</li> </ul>		
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 <u>yearly</u> amount of <u>your</u> annuity you want used.	• If you retire for total disability before age 60 and get a guar- anteed 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.		
THE SURVIVOR'S ANNUITY WILL BE 55% OF ALL OR WHA EVER PORTION OF YOUR ANNUITY YOU SPECIFY AS THE BA	<ul> <li>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.</li> <li>The survivor's annuity will begin upon your death and end when she (or he) dies or remarries.</li> </ul>		
FOR HER (OR HIS) BENEFIT.			
INITIALS ANNUITY WITHOUT SURVIVOR BENEFIT (I do not desire my wife (or husband) to receive a	If you choose this type, your wife (or husband) cannot be paid a survivor annuity after your death.		
2. <u>HFS</u> (1 do not desire my whe (of insoland) to receive a survivor annuity benefit after my death.)	<ul> <li>This type provides annuity payments to you only.</li> </ul>		
G. TYPES OF ANNUITY: UNMARRIED APPLIC	ANTS ONLY (Including Widowed and Divorced)		
INITIALS ANNUITY WITHOUT SURVIVOR BENEFIT	<ul> <li>If you are not married, you will receive this type of annuity unless you choose the annuity in G. 2.</li> <li>This type provides annuity payments to you only.</li> </ul>		
2. INITIALS ANNUITY WITH SURVIVOR BENEFIT TO NAMED PERSON HAVING AN INSURABLE INTEREST	<ul> <li>This type is available to all retiring unmarried employees who are in good health.</li> <li>It provides a reduced annuity to you and a survivor annuity to the person named as having an insurable interest.</li> <li>The survivor's annuity will begin upon your death and end when she (or he) dies.</li> <li>The survivor's annuity will be 55% of the reduced annuity you receive.</li> </ul>		
SPECIFY THE NAME, RELATIONSHIP AND DATE OF BIRTH OF THE PERSON YOU WIS TO RECEIVE THE SURVIVOR ANNUITY			
NAME OF PERSON (First, middle, last)			
RELATIONSHIP DATE OF BIRTH (Mo., day, yr.)	<ul> <li>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.</li> </ul>		
SEE UNMARRIED EMPLOYEES UNDER INFORMATION REGARDING SURVIVO ANNUITIES ON THE ATTACHED INFORMATION SHEET FOR EXPLANATION OF REDUCTION IN YOUR ANNUITY.	• 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. CERTIFICATIO	ON OF APPLICANT		
WARNING,—Any intentional false statement in this application or willful misrepresentation relative thereto is a violation of the	I hereby certify that all statements made in this application are true to the best of my knowledge and belief.		
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).	9 November 67 /s/ Harold F. Swenson (DATE) (SIGNATURE OF APPLICANT)		
I. FOR OFFICE OF PE	ERSONNEL USE ONLY		
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