



United States Letter Carriers



Mutual Benefit Association



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Board of Trustees: Lawrence D. Brown, Jr., *Chairman*, Randall L. Keller, Michael J. Gill

Fredric V. Rolando, *President*

Myra Warren, *Director of Mutual Benefit Association*

May, 2014

Dear fellow letter carrier:

As you begin your career as a letter carrier, you are probably not thinking too much about retirement. You may not have started saving for retirement either. That's understandable for City Carrier Assistants. Retirement remains many years away and you probably think that saving can wait until you are converted to career status. But it's never too early to start preparing for retirement. Establishing good savings habits now will really pay off in the long run.

That's why I am happy to announce the creation of the NALC Retirement Savings Plan (RSP) for City Carrier Assistants who are members of the National Association of Letter Carriers. The RSP for CCAs has been created by the NALC's Mutual Benefit Association (MBA) to give CCAs a tax-deferred way to save for retirement. It is organized as a traditional Individual Retirement Account or IRA, which means contributions to the plan may be tax-deductible and its earnings and principal are tax-deferred – that is, not taxable until they are withdrawn during retirement.

As provided by the Das Award in 2013, this plan was specially created for CCAs who are not yet eligible to earn pension benefits under the Federal Employees Retirement System (FERS) or to participate in the federal Thrift Savings Plan (TSP) – the government's 401(k)-style plan. It allows you and other CCAs to begin saving now, through bi-weekly payroll deductions, even before you become career letter carriers. Once you are converted, you can easily transfer your funds into the Thrift Savings Plan – or you can leave it in the RSP until you retire.

The best part about the RSP for CCAs is that the plan can guarantee a minimum rate of earnings, 3.5% annually, payable even if interest rates fall. The plan currently earns 4.5% annually for its participants, far more than you can earn from taxable savings accounts at your local bank. There are no investment decisions to make and very little risk involved. You can save as little as \$15 per pay period. So you can start small and wisely save for your retirement even if you are struggling to make ends meet.

Signing up for the RSP for CCAs is easy. First, you must be a member of the NALC; if you have not joined yet, ask your steward for a Form CCA 1187. Second, read the enclosed brochure to learn about the plan's rules and tax regulations. Third, and finally, then fill out the enclosed application. The MBA will take care of the rest. The MBA will notify the Postal Service to begin the payroll deductions you authorize.

The MBA is eligible to operate in all 50 states and the District of Columbia. It has built an impeccable financial reputation over many decades serving the insurance needs of America's letter carriers. All its products are fully backed by the NALC and subject to oversight by our Board of Trustees. The MBA has earned the trust of generations of letter carriers and it will earn yours as well.

It's never too early to plan ahead. So get started today building a nest egg for a comfortable retirement. Sign up for the RSP for CCAs!

In Solidarity,

Fredric V. Rolando, President

Myra Warren, Director

***The Life Insurance Department of the National Association of Letter Carriers***





# Application for Annuity with the UNITED STATES LETTER CARRIERS MUTUAL BENEFIT ASSOCIATION A Fraternal Benefit Society

## MATURITY INCOME

1. I want a Maturity Income annuity plan with a planned biweekly premium of:  
☐ \$15 (Minimum) : ☐ \$25 : ☐ \$35 : ☐ \$50 : ☐ Other (Specify: \$ \_\_\_\_\_)
- My spouse wants a Maturity Income annuity with a planned biweekly premium of:  
☐ \$15 (Minimum) : ☐ \$25 : ☐ \$35 : ☐ \$50 : ☐ Other (Specify: \$ \_\_\_\_\_)
2. NALC Member's Information: (Please print or type) Social Security No. \_\_\_\_\_
- Name \_\_\_\_\_  
(First) (Middle Init) (Last)
- Address \_\_\_\_\_  
\_\_\_\_\_
- City \_\_\_\_\_
- State \_\_\_\_\_ Zip Code \_\_\_\_\_
- Telephone No. ( \_\_\_\_\_ ) \_\_\_\_\_  
(Area Code)
- NALC Branch No. \_\_\_\_\_
- Member's sex ☐ M ☐ F
- Date of Birth \_\_\_\_\_  
(Mo / Day / Yr)

**Ownership:** The NALC member will be the policy owner of his/her policy.

3. Information about Spouse

Name \_\_\_\_\_ Sex ☐ M ☐ F  
(First) (Middle Init) (Last)

Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Mo / Day / Yr)

**Ownership:** The spouse of the NALC member will be the policy owner of his/her policy.

4. **Will this policy be used as a Traditional Individual Retirement Account?** ☐ Yes ☐ No  
**Will this policy be used as a Roth Individual Retirement Account?** ☐ Yes ☐ No
5. **Payroll Deduction:** I hereby authorize the U.S. Postal Service: (1) to deduct each pay period from my salary or wages such amounts as may be required by the U.S. Letter Carriers Mutual Benefit Association to pay premiums due from me for insurance and (2) to pay the amounts thereof on my behalf to the USLCMBA. The authorization shall continue during my employment in any capacity by the U.S. Postal Service until canceled by me by written notice to the USLCMBA.
- Note:** By signing below, you authorize deduction of your premium unless you check box below. Payroll deductions start approximately 28 days after receipt of your application.
- I do not want to use payroll deduction (check one): ☐ Bill me monthly ☐ Bill me annually
6. **Beneficiary:** (The beneficiary is the person who is entitled to death benefits.) Unless you have named a different beneficiary, death benefits will be paid to your spouse, if living. If you have not named a different beneficiary and die without being survived by your spouse, death benefits will be paid to your estate.
7. **Effective Date:** Your plan will be effective on the date the first premium for the plan is deducted from member's pay, or if you pay MBA directly, on the first day of the month following the receipt of your first payment.
8. **Replacement:** Is this policy (are these policies) intended to replace or change any existing life insurance or annuity policy?  
☐ Yes ☐ No If yes, indicate:

Name of life insurance co. \_\_\_\_\_ Policy no. \_\_\_\_\_

**Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.**

I (we) understand and agree that this application as completed and signed will form the basis of the policy (policies) issued.

Do Not Write Below

Proposed Insured's Signature \_\_\_\_\_ Date \_\_\_\_\_

Member Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

USPS Finance Number \_\_\_\_\_

St. Code \_\_\_\_\_