622,28

Standard Form No. 2802
(Formerly S. F. 102)
Form prescribed by
Comptroller General, U. S.
November 4, 1949
(Gen. Reg. No. 106, Supp. No. 1)

APPLICATION FOR REFUND OF RETIREMENT DEDUCTIONS

CIVIL SERVICE RETIREMENT SYSTEM

To avoid delay in payment: (1) Complete application in full; (2) Typewrite or print in ink

CSR

1. NAME — (Last) Crabb — (First) Riley — (Middle) H.
MR. / MRS. / MISS

2. OTHER NAMES UNDER WHICH EMPLOYED

3. DATE OF BIRTH — Month April — Day 2 — Year 1912

4. PERIOD OF LAST SERVICE
BEGINNING DATE: 30 June 1958
ENDING DATE: 15 May 1959

5. TITLE OF LAST POSITION: Visual Information Specialist

6. DEPARTMENT OR AGENCY OF LAST EMPLOYMENT: U. S. Navy

7. BUREAU, BRANCH, OR DIVISION OF LAST EMPLOYMENT: BuAer

8. LOCATION OF LAST EMPLOYMENT (*City and State*): PMR, Pt. Mugu, Calif.

9. PREVIOUS APPLICATIONS FILED (*Indicate by "X"*)
☐ RETIREMENT ANNUITY ☐ SERVICE CREDIT
☐ REFUND ☐ VOLUNTARY CONTRIBUTIONS

10. LIST BELOW ALL OF YOUR OTHER CIVILIAN SERVICE FOR THE UNITED STATES GOVERNMENT OR DISTRICT OF COLUMBIA:

DEPARTMENT OR AGENCY (*Including bureau, branch, or division where employed*)	LOCATION OF EMPLOYMENT (*City and State*)	PERIODS OF SERVICE — BEGINNING DATE	PERIODS OF SERVICE — ENDING DATE	INDICATE WHETHER RETIREMENT DEDUCTIONS WERE WITHHELD FROM YOUR SALARY. (*Check one*) — WITHHELD	NOT WITHHELD
U.S. Navy, BuSandA	Naval Supply Center Pearl Harbor, Hawaii	4 Jan 1953	15 Aug 1957	✓	

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 10 years, or both (52 Stat. 197; U. S. C. 18:80).

NOTICE

1. If you have been separated less than 30 days, this application should be forwarded to the office in which you were last employed.
2. If you have been separated more than 30 days, forward this application to the Retirement Division, U. S. Civil Service Commission, Washington 25, D. C.
3. If you have more than 5 years of service you may be entitled to annuity rights which will be forfeited by payment of this refund unless you are later reemployed.

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

NOTE: SIGN YOUR OWN GIVEN NAME, MIDDLE INITIAL, AND LAST NAME.

Riley H. Crabb
(SIGNATURE OF APPLICANT—DO NOT PRINT)

3524 Adams Ave.
(NUMBER AND STREET)

San Diego 16
(CITY AND ZONE NUMBER)

5/15/59
(DATE)

California
(STATE)

16—54517-2