

**STATE OF MICHIGAN  
DEPARTMENT OF MILITARY & VETERAN AFFAIRS  
3423 N. Martin Luther King Jr. Blvd  
LANSING, MICHIGAN 48906-2934**

MITAG-RET

\_\_\_\_\_ DATE

SUBJECT: Application for Michigan National Guard State Retirement Benefits

The Adjutant General of Michigan  
ATTN: MITAG-RET  
3423 N. Martin Luther King Jr. Blvd  
Lansing, MI 48906-2934

I have served a minimum of 19 years, 6 months and 1 day in the Michigan National Guard (Army or Air) and qualify for state military retirement benefits from the State of Michigan. I am separated from the Michigan National Guard or will be within the next three months. Herewith is my application:

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_ RANK: \_\_\_\_\_  
SERVICE CATEGORY: \_\_\_\_\_ AIR NATIONAL GUARD \_\_\_\_\_ ARMY NATIONAL GUARD  
STATUS: \_\_\_\_\_ \*CURRENT MEMBER \_\_\_\_\_ \*FORMER MEMBER \_\_\_\_\_ SURVIVING SPOUSE  
\*Scheduled Separation Date from the Michigan National Guard: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
NUMBER & STREET CITY STATE ZIPCODE

PHONE: HOME (\_\_\_\_\_) \_\_\_\_\_ WORK (\_\_\_\_\_) \_\_\_\_\_

DATE OF BIRTH: \* \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

**\*NOTE: You must provide a legal document to verify the date of birth (i.e., birth certificate, baptismal certificate, driver's license, etc.). A surviving spouse does not have to provide the verification of birth date. However, the spouse must provide a copy of the death certificate and marriage license.**

**PLEASE LINE OUT THE INCORRECT RESPONSE TO THE FOLLOWING STATEMENT:**

I (have received) (expect to receive) an HONORABLE DISCHARGE or separation.

NOTE: If OTHER THAN HONORABLE discharge or separation, you must furnish a full explanation of the circumstances with this application.

I am applying for Michigan National Guard state retirement benefits under the following statutory authority:

- \_\_\_\_\_ Sec. 411, Act 150, State of Michigan, 1967 (\$600 per year to service member).
- \_\_\_\_\_ Sec. 411(3), Act 150, State of Michigan, 1967, as amended (\$500 per year to surviving spouse).
- \_\_\_\_\_ Sec. 49, Act 84, 1909 and Sec. 410, Act 150, State of Michigan, 1967  
(percentage retirement over 10 years ACTUAL STATE DUTY)

**I hereby certify the above statements and all attached documents are true and correct.**

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
WITNESS SIGNATURE & ADDRESS

**ALL ITEMS MUST BE COMPLETED!**