

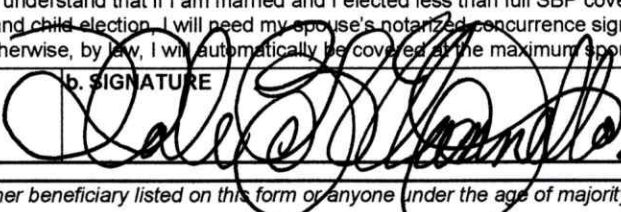
<b>MEMBER NAME</b> <i>(Last, First, Middle Initial)</i> IANNELLO, DALE A.	<b>SSN</b> 534-76-6260
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**PART IV – CERTIFICATION**

**SECTION XI - CERTIFICATION**

**41. MEMBER** *(DATE SIGNED must be before the date of retirement listed in Part I, Section I, Item 4)*

Under penalties of perjury, I certify that the number of claim dependents stated is accurate to my knowledge and does not exceed the number to which I am entitled, and that all statements on this form are made with full knowledge of the penalties for making false statements (18 U.S.C. §287 and §1001) of not more than a \$10,000 fine, or 5 years in prison, or both. Also, I understand that if I am married and I elected less than full SBP coverage for my spouse, with the exception of a former spouse or former spouse and child election, I will need my spouse's notarized concurrence signed no earlier than the date of my signature and prior to the date of my retirement; otherwise, by law, I will automatically be covered at the maximum spouse coverage.

<b>a. NAME</b> <i>(Last, First, Middle Initial)</i> IANNELLO, DALE A.	<b>b. SIGNATURE</b> 	<b>c. DATE SIGNED</b> <i>(YYYYMMDD)</i> 2024/02/10
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**42. WITNESS** *(This cannot be a spouse or dependent child or any other beneficiary listed on this form or anyone under the age of majority)*  
Witness date MUST match the member's date.

<b>a. NAME</b> <i>(Last, First, Middle Initial)</i> McIver, Mikeal	<b>b. SIGNATURE</b> 	<b>c. DATE SIGNED</b> <i>(YYYYMMDD)</i> 2024/02/10
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**d. RELATIONSHIP TO THE RETIRING MEMBER**  
NONE

<b>e. ADDRESS</b> 1013 74TH STREET EAST APARTMENT D	<b>f. CITY/BASE OR POST</b> TACOMA	<b>g. STATE</b> WA	<b>h. ZIP CODE</b> 98404
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