Designation of Beneficiary

Unpaid Compensation of Deceased Civilian Employee

Important: Read all instructions before filling in this form

A. Identification							
ame (Last, first, middle)		Date of birth (mm, dd, yyyy)		Social Security Number			
Department or agency in which presently e	employed (or fo	ormer departme	nt or agency):				
Department or agency	Bureau		G J	Division		Location (City, state and ZIP code)	
I, the employee named a designate the beneficiary or I understand that this Design way will affect the disposition applicable to my Government until (1) I expressly change of department or agency of the	beneficiarination of Be on of any be of service. or revoke it	es named be eneficiary rele enefit which le I further und in writing, (2	elow to rece ates solely to may become erstand that	ive any unpaid com o money due as defi e payable under the this Designation of l	i pensatio i ned in 5 U Retiremei Beneficiar	n due and payable I.S.C. 5581, 5582, 6 nt or Group Life Ins y will remain in full	after my death. 5583, and in no surance Acts force and effect
B. Information Concerning	The Bene	eficiaries (See Examp	oles of Designation	ns):		
First name, middle initial, and I name of each beneficiary	ast	Address (Including ZIP code) of each beneficiary			Relationship	Share to be paid to each beneficiary	
Date of designation (mm, dd, yyyy)		Your signature	Э				Total = %
C. Witnesses (A witness is	not eligik	le to recei	ve paymer	nt as a beneficiar	y):		'
We, the undersigned, certify that	this statem	ent was sigr	ned in our pro	esence.			
Signature of witness	N	umber and stree	et		City, state	and ZIP code	
Signature of witness	N	Number and street			City, state	and ZIP code	
Receiving agency certification					-		
I have reviewed this designation a	and certify	that the desi	gnated share	es total 100% and th	at no witne	esses are designate	ed as beneficiaries.
Date received	S	ignature					Date
Type or print your return address	to insure re	eturn					

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Important - The filing of this form will completely cancel any Designation of Beneficiary you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any unpaid compensation payable at your death.

Examples of Designations

1. HOW TO DESIGNATE ONE BENEFICIARY

Do not write names as M.E. Brown or as Mrs. John H. Brown. If you want to designate your estate as beneficiary, enter "My estate" in the beneficiary column.

First name, middle initial, and last name of each beneficiary	Address (Including ZIP code) of each beneficiary	Relationship Share to be pai each beneficia		
Mary E. Brown 214 Central Avenue Muncie, IN 47303		Domestic Partner	100%	

2. HOW TO DESIGNATE MORE THAN ONE

Be sure that the shares to be paid to the several beneficiaries add up to 100 percent.

First name, middle initial, and last name of each beneficiary	Address (Including ZIP code) of each beneficiary	Relationship	Share to be paid to each beneficiary	
Alice M. Long	509 Canal Street Red Bank, NJ 07701	Aunt	25%	
Joseph P. Brady	360 Williams Street Red Bank, NJ 07701	Nephew	25%	
Catherine L. Rowe	792 Broadway Whiting, IN 46394	Mother	50%	

3. HOW TO DESIGNATE A CONTINGENT BENEFICIARY

First name, middle initial, and last name of each beneficiary	Address (Including ZIP code) of each beneficiary	Relationship	Share to be paid to each beneficiary	
John M. Parrish, if living	810 West 180th Street New York, NY 10033	Father	100%	
Otherwise to: Susan A. Parrish	810 West 180th Street New York, NY 10033	Sister	100%	

4. HOW TO CANCEL A DESIGNATION OF BENEFICIARY AND EFFECT PAYMENT UNDER ORDER OF PRECEDENCE (See back of duplicate)

First name, middle initial, and last name of each beneficiary	Address (Including ZIP code) of each beneficiary	Relationship	Share to be paid to each beneficiary
Cancel prior designations			

Designation of Beneficiary

Unpaid Compensation of Deceased Civilian Employee

Important: Read all instructions before filling in this form

A. Identification								
Name (Last, first, middle)	D		Date of birth (r	rth (mm, dd, yyyy)		Social Security Number		
Department or agency in which presently	employed (or fo	ormer departme	nt or agency):			1		
Department or agency	Bureau		3 3,	Division		Location (City, state and ZIP code)		
I, the employee named designate the beneficiary or I understand that this Desig way will affect the disposition applicable to my Governme until (1) I expressly change department or agency of the	r beneficiari nation of Be on of any be nt service. or revoke it	es named be eneficiary rel enefit which I further und in writing, (2	elow to recellates solely to may becom- erstand that	ive any unpaid com o money due as defil e payable under the this Designation of E	pensatior ned in 5 U Retiremer Beneficiary	n due and payable J.S.C. 5581, 5582, 6 nt or Group Life Ins / will remain in full f	after my death. 5583, and in no urance Acts force and effect	
B. Information Concerning	The Bene	eficiaries (See Examp	oles of Designation	ns):			
First name, middle initial, and name of each beneficiary		Address (Including ZIP code) of each beneficiary			Relationship	Share to be paid to each beneficiary		
		No. of the last of						
Date of designation (mm, dd, yyyy)		Your signature	9				Total = %	
C. Witnesses (A witness is	not eligik	le to recei	ve paymer	nt as a beneficiary	/):			
We, the undersigned, certify that	t this statem	ent was sigr	ned in our pro	esence.				
Signature of witness	N	Number and street			City, state a	state and ZIP code		
Signature of witness	N	umber and stree	et		City, state and ZIP code			
Receiving agency certification I have reviewed this designation		that the design	gnated share	es total 100% and tha	t no witne	sses are designate	d as beneficiaries.	
Date received		ignature					Date	
Type or print your return address	s to insure re	eturn						

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IMPORTANT NOTICE - ORDER OF PRECEDENCE

If there is no designated beneficiary alive at the time of your death, any unpaid compensation owed you (that becomes payable after you die) will be paid to the first person or persons in the order listed below who are alive on the date that entitlement to the payment occurs.

- 1. To your widow or widower.
- 2. If neither of the above, to your child or children in equal shares. The share of any deceased child is distributed to the descendants of that child.
- 3. If none of the above, to your parents in equal shares or the entire amount to the surviving parent.
- 4. If none of the above, to the duly appointed legal representative of your estate. If there is none, to the person or persons entitled under the laws of the State or other domicile where you lived.

You do not need to designate a beneficiary unless you want to name some person or persons not listed above or you want the payment to be made in a different order.

INSTRUCTIONS

- 1. The examples on the back of the first page of this form may be helpful to you in filling out this form.
- 2. Except for signatures, you should type or print all entries in ink (typing is preferred). You should use this form for any designation of beneficiary or beneficiaries. The form must be signed and witnessed.
- 3. The form should be free of erasures or alterations to avoid a possible legal contest after your death.
- 4. You do not need to fill out a new form when your name or address changes or when the name or address of your beneficiary changes.
- 5. You must complete the form in duplicate and file it with your employing agency. To be valid, your agency must receive the completed form prior to your death. The duplicate will be annotated and returned to you as evidence that the original was received and filed with your agency. We suggest that you file the duplicate with your important papers.
- 6. You can cancel any prior Designation of Beneficiary form without naming a new beneficiary by completing a new form and inserting "Cancel prior designations" in the space provided for the name of beneficiary. This will change the payment to the order of payment described under "Order of Precedence."
- 7. This designation remains valid unless (a) you change or revoke it, (b) you transfer to another agency, or (c) you leave and then are reemployed by the Federal Government. If you are covered by (b) or (c), you must fill out a new form if you want to change the order of payment described under "Order of Precedence."

NOTE: If this form is not available, any designation, change or cancellation of beneficiary that is witnessed and filed according to these instructions will be valid.

This form is not to be confused with Standard Form 2808, Designation of Beneficiary, Civil Service Retirement System, Standard Form 2823, Designation of Beneficiary, Federal Employees' Group Life Insurance Program, or Standard Form 3102, Designation of Beneficiary, Federal Employees Retirement System.

Privacy Act Statement

Solicitation of this information is authorized by the Code of Federal Regulations, Part 178, Subpart B. The information you furnish will be used to deter mine the amount, validity, and the person(s) entitled to the unpaid compensation of a deceased Federal employee. The information may be shared and is subject to verification, via paper, electronic media, or through the use of computer matching programs to obtain information necessary for determination of entitlement under this program or to report income for tax purposes. It may also be shared and verified, as noted above, with law enforcement agencies when they are investigating a violation or potential violation of the civil or criminal law. Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal government furnish a Social Security Number or tax identification number. This is an amendment to title 31, Section 7701. Failure to furnish the requested information may delay or make it impossible for us to determine eligibility of payments.