

**DESIGNATION OF BENEFICIARY
FEDERAL EMPLOYEES GROUP LIFE
INSURANCE PROGRAM**

IMPORTANT
Read instructions
on back of duplicate
before filling in this form

INFORMATION CONCERNING THE INSURED:

NAME (Last) (First) (Middle) DATE OF BIRTH (Month, day, year)

PLACE AN "X" IN THE APPROPRIATE BOX BELOW TO SHOW WHETHER YOU ARE:

☐ AN EMPLOYEE ☐ RETIRED OR AN APPLICANT FOR RETIREMENT ☐ RECEIVING FEDERAL EMPLOYEES' COMPENSATION BENEFITS OR AN APPLICANT FOR SUCH BENEFITS

IF YOU ARE RETIRED OR RECEIVING FEDERAL EMPLOYEES' COMPENSATION GIVE YOUR "CSA," "CSI," "A," or "X" NUMBER

(CSA, CSI, A, or X number)

DEPARTMENT OR AGENCY IN WHICH PRESENTLY EMPLOYED (If retired, former department or agency):

(Department or agency)

(Bureau)

(Division)

(Location—City, State, and ZIP Code)

I, the individual identified above, canceling any and all previous Designations of Beneficiary under the Federal Employees Group Life Insurance Program heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any amount of LIFE INSURANCE and ACCIDENTAL DEATH INSURANCE due and payable at my death. I understand that this Designation of Beneficiary will remain in full force and effect, with respect to any amount payable, unless or until canceled by me in writing, or until such time as it is automatically canceled (see regulation "f" on reverse side of duplicate copy).

INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES (SEE EXAMPLES OF DESIGNATIONS):

Type or print first name, middle initial, and last name of each beneficiary	Type or print address (including ZIP Code) of each beneficiary	Relationship	Share to be paid to each beneficiary

For each type of insurance (regular and optional): (1) I hereby direct, unless otherwise indicated above, that if more than one beneficiary is named, the share of any beneficiary who may predecease me shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. (2) I understand that this Designation of Beneficiary shall be void if none of the designated beneficiaries is living at the time of my death.

I hereby specifically reserve the right to cancel or change this Designation of Beneficiary at any time without knowledge or consent of the beneficiary.

(Date of execution—month, day, year)

(Signature of insured)

WITNESSES TO SIGNATURE (A witness is ineligible to receive payment as a beneficiary):

(Signature of witness)

(Number and street)

(City, State, and ZIP Code)

(Signature of witness)

(Number and street)

(City, State, and ZIP Code)

PRINT OR TYPE NAME AND ADDRESS (including ZIP Code) OF INSURED

THIS SPACE RESERVED FOR RECEIVING AGENCY

(Indicate date and by whom received)

SEE REVERSE SIDE OF DUPLICATE COPY FOR INSTRUCTIONS ON WHERE TO FILE THESE FORMS.
DO NOT FILE WITH THE OFFICE OF FEDERAL EMPLOYEES' GROUP LIFE INSURANCE.

IMPORTANT.—The filing of this form will completely cancel any Designation of Beneficiary under the Federal Employees Group Life Insurance Program you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any insurance payable under that program at your death.

EXAMPLES OF DESIGNATIONS

1. HOW TO DESIGNATE ONE BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary (Including ZIP Code)	Relationship	Share to be paid to each beneficiary
Mary E. Brown*	214 Central Avenue Muncie, Ind. 47303	Niece	All

2. HOW TO DESIGNATE MORE THAN ONE BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary (Including ZIP Code)	Relationship	Share to be paid to each beneficiary
Alice M. Long	509 Canal Street Red Bank, N.J. 07701	Aunt	25% **
Joseph P. Brady	360 Williams Street Red Bank, N.J. 07701	Nephew	25%
Catherine L. Rowe	792 Broadway Whiting, Ind. 46394	Mother	50%

3. HOW TO DESIGNATE A CONTINGENT BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary (Including ZIP Code)	Relationship	Share to be paid to each beneficiary
John M. Parrish, if living	810 West 180th Street New York, N.Y. 10033	Father	All
Otherwise to: Susan A. Parrish	810 West 180th Street New York, N.Y. 10033	Sister	All

4. HOW TO DESIGNATE DIFFERENT BENEFICIARIES FOR REGULAR AND OPTIONAL INSURANCE***

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary (Including ZIP Code)	Relationship	Share to be paid to each beneficiary
John D. Jones	124 Elm Street Dayton, Ohio 45420	Son	All Regular Insurance
Jane M. Smith	421 Spring Avenue Portland, Maine 04101	Niece	All Optional Insurance

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

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary (Including ZIP Code)	Relationship	Share to be paid to each beneficiary
Cancel prior designations			

*Do not write name 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.

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

***If a beneficiary for regular or optional insurance predeceases designator, and there is no surviving beneficiary or contingent beneficiary for that type of insurance, payment for that type of insurance will be made in order of precedence (see back of duplicate).

ORDER OF PRECEDENCE

If, at the death of the insured, there is no designated beneficiary entitled to all or any part of the insurance, the amount of insurance for which there is no designated beneficiary shall be payable to the person or persons listed below surviving at the date of the insured's death, in the following order of precedence:

1. To the widow or widower.
2. If neither of the above, to the child or children, with the share of any deceased child distributed among the descendants of that child.
3. If none of the above, to the parents or the survivor of them.
4. If none of the above, to the executor or administrator of the estate.
5. If none of the above, to the other next of kin who are entitled under the laws of the domicile of the insured at the date of his death.

IT IS NOT NECESSARY FOR THE INSURED TO DESIGNATE A BENEFICIARY UNLESS HE WISHES PAYMENT TO BE MADE IN A WAY OTHER THAN THE ORDER OF PRECEDENCE SHOWN ABOVE.

REGULATIONS

(a) The Designation of Beneficiary shall be in writing, signed and witnessed, and received in the employing office (or, in the case of (1) a retired employee and (2) an employee whose insurance is continued while he is receiving benefits under the Federal Employees' Compensation Law because of disease or injury to himself and who is held by the Department of Labor to be unable to return to duty, in the Civil Service Commission) prior to the death of the designator.

(b) No change or cancellation of beneficiary in a last will or testament, or in any other document not witnessed and filed as required by these regulations, shall have any force or effect.

(c) A witness to a Designation of Beneficiary is ineligible to receive payment as a beneficiary.

(d) Any person, firm, corporation, or legal entity (except an agency of the Federal or District of Columbia Governments) may be named as beneficiary.

(e) A change of beneficiary may be made at any time and without the knowledge or consent of the previous beneficiary, and this right cannot be waived or restricted.

(f) A Designation of Beneficiary is automatically canceled (1) on the day the employee transfers (except by mass transfer) to another agency, or (2) 31 days after the employee ceases to be insured.

INSTRUCTIONS

1. The examples printed on the back of the first page of this form may be helpful to you in filling out this form to name a beneficiary or to cancel a prior Designation of Beneficiary. More than one beneficiary can be designated. Unless you direct otherwise in the Designation, the person(s) named will be considered as beneficiary (or beneficiaries) for *both* regular and optional insurance. The total insurance can be divided by showing what share is to be paid to each beneficiary (example 2), or different beneficiaries may be designated for regular and optional insurance (example 4).

2. Complete this form in duplicate. All entries on the form except signatures should be typed or printed in ink (typewriting preferred).

3. It is not necessary to file a new Designation of Beneficiary when the name or address of the insured or the beneficiary is changed.

4. This form must be free of erasures or alterations.

WHERE TO FILE COMPLETED FORM

If insured as an employee, file the form with the agency in which employed. If insured as a retired employee or while receiving Federal employees' compensation, file the form with the U.S. Civil Service Commission, Washington, D.C. 20415. If an application for retirement or compensation is pending, file the form with the agency in which employed if still an insured employee, or with the U.S. Civil Service Commission if no longer an insured employee. The duplicate will be noted and returned as evidence that the original has been received and filed. It is suggested that the duplicate be kept with the Certificate of Insurance under the Federal Employees Group Life Insurance Program.

Designations should be kept current. Changes in family status (marriage, divorce, death, births, etc.) may require corresponding changes in the designation.