

NAME (Last, First, M.I.)	PRIOR NAME IF NAME CHANGED	SOCIAL SECURITY NO.	STATUS <input type="checkbox"/> ACT <input type="checkbox"/> RET
CURRENT ADDRESS	SEX <input type="checkbox"/> M <input type="checkbox"/> F	BIRTHDAY (Day, Mo, Yr)	MARITAL STATUS EMP STATUS <input type="checkbox"/> YES <input type="checkbox"/> NO

READ IMPORTANT NOTICES ON REVERSE SIDE

I - BENEFICIARY (Complete if you choose the same beneficiary(ies) for all programs).
 I designate the following beneficiary(ies), or those surviving beneficiaries who are living at my death, to share equally any Unpaid Compensation, Retirement Contributions, Life Insurance (Basic and Supplemental), EMP Life Insurance (EMPs only), or 401k Retirement Savings Plan

BENEFICIARY NAME AND SOCIAL SECURITY NUMBER	PERMANENT ADDRESS	BIRTHDATE (Day,Mo,Yr)	RELATIONSHIP
IF ALL OF THE ABOVE ARE NOT LIVING AT MY DEATH:			

II - COMPLETE BELOW ONLY IF YOU WISH TO CHOOSE DIFFERENT BENEFICIARIES FOR THE INDIVIDUAL PROGRAMS - OTHERWISE JUST COMPLETE PART I ABOVE.

UNPAID COMPENSATION BENEFICIARY

BENEFICIARY NAME AND SOCIAL SECURITY NUMBER	PERMANENT ADDRESS	BIRTHDATE (Day,Mo,Yr)	RELATIONSHIP
IF ALL OF THE ABOVE ARE NOT LIVING AT MY DEATH:			

RETIREMENT CONTRIBUTIONS BENEFICIARY DESIGNATION (No retirement contributions are payable to a designated beneficiary as long as benefits are actually or potentially payable to a surviving spouse.)

BENEFICIARY NAME AND SOCIAL SECURITY NUMBER	PERMANENT ADDRESS	BIRTHDATE (Day,Mo,Yr)	RELATIONSHIP
IF ALL OF THE ABOVE ARE NOT LIVING AT MY DEATH:			

BASIC LIFE INSURANCE BENEFICIARY DESIGNATION - (two times annual

BENEFICIARY NAME AND SOCIAL SECURITY NUMBER	PERMANENT ADDRESS	BIRTHDATE (Day,Mo,Yr)	RELATIONSHIP
IF ALL OF THE ABOVE ARE NOT LIVING AT MY DEATH:			

SUPPLEMENTAL LIFE INSURANCE BENEFICIARY DESIGNATION - (more than two times annual

BENEFICIARY NAME AND SOCIAL SECURITY NUMBER	PERMANENT ADDRESS	BIRTHDATE (Day,Mo,Yr)	RELATIONSHIP
IF ALL OF THE ABOVE ARE NOT LIVING AT MY DEATH:			

EXECUTIVE MANAGEMENT PROGRAM LIFE INSURANCE BENEFICIARY DESIGNATION

BENEFICIARY NAME AND SOCIAL SECURITY NUMBER	PERMANENT ADDRESS	BIRTHDATE (Day,Mo,Yr)	RELATIONSHIP
IF ALL OF THE ABOVE ARE NOT LIVING AT MY DEATH:			

401k RETIREMENT SAVINGS PLAN BENEFICIARY DESIGNATION - PLAN NUMBER 83222. Use a whole % only.

BENEFICIARY NAME AND SOCIAL SECURITY NUMBER	PERMANENT ADDRESS	BIRTHDATE (Day,Mo,Yr)	RELATIONSHIP	%
IF ALL OF THE ABOVE ARE NOT LIVING AT MY DEATH:				

I UNDERSTAND THAT THESE DESIGNATIONS OF BENEFICIARIES SHALL OPERATE SO AS TO REVOKE ALL PREVIOUS BENEFICIARY DESIGNATIONS MADE BY ME.

EMPLOYEE SIGNATURE	DATE (Day,Mo,Yr)	WITNESS SIGNATURE (Other than beneficiary)	DATE (Day,Mo,Yr)

PRIOR NAFI SERVICE

A copy of this action must be forwarded immediately to EXCHANGE HQ, ATTN: Benefits Development & Administration Branch (FA-T/B) when an employee attains RFT status within 90 days following separation for "Reduction-in-Force" by another NAFI or when a RFT employee of another NAFI transfers to the Exchange simultaneously with a transfer of function.

PRIVACY ACT OF 1974

Utilization of your social security number and/or other personal information is authorized by Title 10, United States Code, Sections 3013 and 8013. All information furnished is used to administer your employee insurance through the payroll program which uses the social security number as identification. Failure to provide information would prevent your receiving proper benefits.

BENEFICIARY DESIGNATIONS

1. If you wish for the same beneficiaries to share equally for all programs, complete Section I only. If you wish to choose different beneficiaries for each program, complete Section II only. Take care to separate the primary beneficiaries from those in the "If all of the above are not living at my death" line. Use a separate page (also signed & witnessed) if necessary.

2. List the beneficiaries full name, SSN, address, DOB and relationship.

3. Beneficiaries share equally in all available benefits. (see note 7 for 401K only)

4. IMPORTANT: If minor children are named, the following should be considered.

The age at which a minor becomes eligible to inherit directly may vary from state to state. A guardian, conservator, or other legal representative may have to be appointed by a court to receive property on behalf of a minor.

Accomplishing this may involve legal expense. A copy of the court order appointing said guardian, conservator, or other legal representative must be furnished to the insurer after which the benefits will be paid to said individual on behalf of the minor.

5. To name a trust as beneficiary: list name and date of the trust. Attach trust papers.

6. To name your estate as beneficiary: list "My Estate".

7. FOR 401k ONLY: Fill in this section if you want to specify the % amount to each beneficiary.

NOTE: A married female should be designated by her given first name, not by her husband's given name: Mary E. Jones, not Mrs. John Jones.

NOTE: Print a copy of this form, complete, sign and give it to your HR office. Make sure a copy is put in your OPF and keep a copy for your records. Unsigned and/or unwitnessed forms are not valid. Previous form on file will remain in effect.