



United States
Office of Personnel Management
Retirement and Insurance Service

Benefits Administration Letter

Number: 98-202

Date: March 9, 1998

Subject: Federal Employees' Group Life Insurance: Designations to a Trust

Designating a Trust

Employees may designate a person or institution as a trustee under the terms of a trust agreement to receive the life insurance benefits upon the employee's death.

Information Required

To make sure that these designations are clear and to allow quick identification of the entitled party, the Office of Personnel Management (OPM) has established suggested formats to use for these designations.

While it is not absolutely necessary to use the OPM-established formats, *the following information must be included for the designation to be valid:*

- a statement that the Federal Employees' Group Life Insurance (FEGLI) death benefit is to be paid to the trustee or successor trustee
- name and date of the Trust (for inter vivos trusts - see definition below)

NOTE: The FEGLI Handbook for Personnel and Payroll Offices (formerly FPM Supplement 870-1) states that the name and address of the trustee are also necessary; however, we have eliminated this requirement.

Validity

To be valid, the trustee designation must be attached to and made a part of the Designation of Beneficiary form. The employing office should receipt the attachment in the

**Civil Service
Retirement
System**

**Federal Employees
Group Life
Insurance**

**Federal Employees
Health Benefits
Program**

**Federal Employees
Retirement
System**

same manner as the Designation of Beneficiary in case it gets separated from the Designation. The Designation of Beneficiary form should state "See attached" in the space for the designation.

Types of Trusts

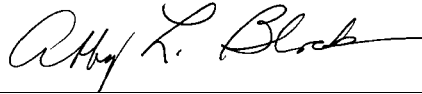
Inter Vivos Trusts - an inter vivos trust is one that an employee establishes during his/her lifetime.

Testamentary Trusts - A testamentary trust is one that an employee creates at death by his/her will.

Sample Formats

Attached are sample OPM-established formats for each type of trust.

If an employee wants to use some other format, can't provide the information requested above, or needs additional information about designating a trust, please contact the Office of Federal Employees' Group Life Insurance (OFEGLI) in writing at 200 Park Avenue, New York, NY 10166-0188.



Abby L. Block, Chief
Insurance Policy
and Information Division

Attachments

Name of Insured (please print): _____
Social Security Number of Insured: _____

INTER VIVOS TRUSTEE DESIGNATION

**TO BE ATTACHED TO AND MADE PART OF DESIGNATION OF BENEFICIARY
DATED _____**

I request that the amount payable under the FEDERAL EMPLOYEES' GROUP LIFE INSURANCE PROGRAM (Proceeds) be paid to the Trustee(s) or Successor Trustee(s) as provided under (Name of Trust Agreement) _____ bearing the date of _____ executed by me.

I further request that in the case of the failure of said Trustee(s) to be appointed as such or to qualify as such for any reason, or the termination for any reason of the trust prior to my death that the Proceeds shall be paid to:

Name	Address	Relationship	Share
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The Office of Federal Employees' Group Life Insurance (OFEGLI) shall not be responsible for the application or disposition of the proceeds by said Trustee and the receipt by said Trustee shall fully discharge OFEGLI's liability under the FEDERAL EMPLOYEES' GROUP LIFE INSURANCE PROGRAM.

Signature of Insured/Assignee (Only the Insured/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)

Date of execution (Month, day, year) _____

Two Witnesses to Signature (A witness is not eligible 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

Name of Insured (please print): _____

Social Security Number of Insured: _____

TESTAMENTARY TRUSTEE DESIGNATION

**TO BE ATTACHED TO AND MADE PART OF DESIGNATION OF BENEFICIARY
DATED _____**

I request that the amount payable under the FEDERAL EMPLOYEES' GROUP LIFE INSURANCE PROGRAM (Proceeds) be paid to the Trustee(s) or Successor Trustee(s) as provided under my Last Will and Testament, and I further request that in the case of the failure of said Trustee to be appointed as such or to qualify as such by reason of non-probate of any Will to that effect or for any other reason whatsoever, the Proceeds shall be paid to:

Name	Address	Relationship	Share
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The Office of Federal Employees' Group Life Insurance (OFEGLI) shall not be responsible for the application or disposition of the proceeds by said Trustee and the receipt by said Trustee shall fully discharge OFEGLI's liability under the FEDERAL EMPLOYEES' GROUP LIFE INSURANCE PROGRAM.

Signature of Insured/Assignee (Only the Insured/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)

Date of execution (Month, day, year) _____

Two Witnesses to Signature (A witness is not eligible to receive payment as a beneficiary):

Signature of witness	Number and street	City, state and ZIP code
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Signature of witness	Number and street	City, state and ZIP code
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