



# Designation of Beneficiary Federal Employees' Group Life Insurance (FEGLI) Program

Form Approved  
OMB No. 3206-0136

**Important:**  
Read instructions on the  
Back of Part 2 before completing this form.

→ (DO NOT erase or cross-out. Use a new form.) ←

## A. Information About the Insured (not the Assignee, if there is one) (type or print)

Name of Insured (Last, first, middle) <b>Public, John Quincey</b>	Date of birth of Insured (mm/dd/yyyy) <b>09/11/1971</b>	Social Security Number of Insured <b>987-65-4321</b>
The Insured is: Place an "X" in the appropriate box. <input checked="" type="checkbox"/> an employee <input type="checkbox"/> a retiree <input type="checkbox"/> a compensationer	If the Insured is retired or receiving Federal Employees' Compensation, give CSA, CSI, or OWCP claim number:	

Department or agency where the Insured works (If retired, last department or agency where the Insured worked):

Department or agency <b>Dept of Army</b>	Bureau or division <b>89th RRC</b>	Location (city, state, and ZIP code) <b>Wichita, KS</b>
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## B. Information About the Beneficiary or Beneficiaries (See Back of Part 1 for examples) (type or print)

First name, middle initial, and last name of each beneficiary	Social Security Number	Address (Including ZIP code)	Relationship	Percent or fraction designated
<b>Jane Q. Public</b>	<b>123-45-6789</b>	<b>100 Main St. Wichita, KS 67210</b>	<b>Spouse</b>	<b>100%</b>
<b>&lt;Refer to Back of Part 1 for Examples of Designations&gt;</b>				

Total (Must equal 100% or 1.0) (Do not use dollar amounts) → **100%**  
(Do not put a Total if you designated types of insurance. See example 4 on Back of Part 1.)

## C. Statement of Insured or Assignee (type or print)

Your name and address (Including ZIP code) <b>John Q. Public 100 Main St Wichita, KS 67210</b>	Please check one: I am: <input checked="" type="checkbox"/> the Insured <input type="checkbox"/> an Assignee <i>See Back of Part 2 for definitions</i>	Please check all three: <input checked="" type="checkbox"/> I have not assigned the insurance. <input checked="" type="checkbox"/> Two people who witnessed my signature signed below. <input checked="" type="checkbox"/> I did not name either witness as a beneficiary.
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I understand that if there is a valid assignment on file, only the assignee has the right to designate a beneficiary. If a valid assignment is not on file, but there is a valid court order on file with the agency or the U.S. Office of Personnel Management, as appropriate, any designation I complete for the same benefits is not valid.

I understand that if this Designation is valid, it will stay in effect unless it is canceled. (See "When Is A Designation Canceled?" on the Back of Part 2).

I understand that if this Designation is invalid for any reason, the Office of Federal Employees' Group Life Insurance will pay benefits according to the next most recent valid designation. If there isn't one, it will pay according to the order listed on the Back of Part 2.

I am canceling any and all previous Designations of Beneficiary under the Federal Employees' Group Life Insurance Program and am now designating the beneficiary(ies) named above.

sign here →

Signature of Insured/Assignee (Only the Insured/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.) This form is not valid unless the Insured/Assignee signs in this box. <b>John Q. Public</b>	Date (mm/dd/yyyy) <b>06/22/2007</b>
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## D. Witnesses To Signature (A witness is not eligible to receive a payment as a beneficiary.)

Signature of witness <b>James Smith</b>	Address (Including ZIP code) <b>220 Broadway Ave, Wichita, KS 67210</b>
Signature of witness <b>Peter McCoy</b>	Address (Including ZIP code) <b>120 Rainbow Ave, Wichita, KS 67210</b>

## E. For Agency Use Only

Receiving agency	Date of receipt (mm/dd/yyyy)	Signature of authorized agency official	Title
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DO NOT ERASE or CROSS-OUT. USE A NEW FORM.



### Designation of Beneficiary

Form Approved  
OMB No. 3206-0173

Federal Employees Retirement System

**Important:**  
Read all instructions before  
filling in this form

#### A. Identification

Name (Last, first, middle) <b>Public, John Quincey</b>	Date of birth (mm/dd/yyyy) <b>09/11/1971</b>	Social Security Number <b>987-65-4321</b>
Place an "X" in the appropriate box: <input checked="" type="checkbox"/> An employee	<input type="checkbox"/> Retired or an applicant for retirement	<input type="checkbox"/> Former employee eligible for retirement in the future

Department or agency in which presently employed (or former department or agency):

Department or agency <b>Dept of Army</b>	Bureau <b>89<sup>th</sup> RRC</b>	Division	Location (City, state and ZIP code) <b>Wichita, KS 67210</b>
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I, the individual identified above, designate the beneficiary or beneficiaries named below to receive any lump-sum benefit which may become payable under the Federal Employees Retirement System (FERS) after my death, including lump-sum death benefits which may become payable based on amounts contributed to the Civil Service Retirement System (CSRS) before I became covered by FERS. I understand that this designation of beneficiary cancels any previous FERS or CSRS designation of beneficiary, and that it remains in effect until I cancel it in writing or I receive payment of my FERS retirement contributions.

I direct, unless otherwise indicated below, that if more than one beneficiary is named, the share of any beneficiary who may predecease me or who may be disqualified for any other reason, shall be distributed equally among the stated beneficiaries, or entirely to the survivor. If none of the beneficiaries are alive and eligible to receive payment when a lump-sum payment becomes payable, this designation is void, and payment will be made according to the order of precedence set by law.

#### B. Information Concerning The Beneficiaries (See Examples of Designations):

First name, middle initial, and last name of each beneficiary ①	Address (Including ZIP code) of each beneficiary ②	Relationship to you ③	Share to be paid to each beneficiary
Jane Q. Public	100 Main St Wichita, KS 67210	Spouse	100 %
<b>&lt; Refer to Reverse of Part 1 for Examples of Designations &gt;</b>			
Date of designation (mm/dd/yyyy) <b>06/22/2007</b>	Your signature <b>John Q Public</b>		Total = 100%

#### C. Witnesses (A witness is not eligible to receive payment as a beneficiary):

We, the undersigned, certify that this statement was signed in our presence.

Signature of witness <b>Tom Jones</b>	Address (including ZIP code) <b>400 Hollywood Blvd, Wichita, KS 67210</b>
Signature of witness <b>Mary Smith</b>	Address (including ZIP code) <b>220 Promise Way, Wichita, KS 67210</b>

#### Receiving agency certification

I have reviewed this designation and certify that the designated shares total 100% and that no witnesses are designated as beneficiaries.

Date received by agency (mm/dd/yyyy)	Signature	Date (mm/dd/yyyy)
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① We will pay to the person you designate, even if that person's name or relationship to you changes after you file this designation. For example, suppose you designate your spouse and then you two divorce and you marry someone else. We will pay any lump sum to your former spouse unless you submit another designation to cancel prior designations or to designate who we are to pay.

② We will write to the address you provide here to contact the person you designate. However, that person is obligated to get in touch with us after your death to ask us to make payment.

Type or print your return address so that we can return a copy to you.

See Back of Employee Copy For Instructions  
On Where To File This Form.  
(Retain until employee leaves Federal  
service and then send to the Office of Personnel  
Management [OPM].)



DO NOT ERASE or CROSS-OUT. USE A NEW FORM.

Designation of Beneficiary

Unpaid Compensation of Deceased Civilian Employee

Important: Read all instructions before filling in this form

A. Identification

Name (Last, first, middle) Public, John Quincey; Date of birth (mm, dd, yyyy) 09/11/1971; Social Security Number 987-65-4321; Department or agency in which presently employed (or former department or agency): Dept of Army; Bureau 89th RRC; Division; Location (City, state and ZIP code) Wichita, KS 67210

I, the employee named above, canceling any and all previous Designations of Beneficiary heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any unpaid compensation due and payable after my death. I understand that this Designation of Beneficiary relates solely to money due as defined in 5 U.S.C. 5581, 5582, 5583, and in no way will affect the disposition of any benefit which may become payable under the Retirement or Group Life Insurance Acts applicable to my Government service. I further understand that this Designation of Beneficiary will remain in full force and effect until (1) I expressly change or revoke it in writing, (2) I transfer to another agency, or (3) I am reemployed by the same or another department or agency of the Government.

B. Information Concerning The Beneficiaries (See Examples of Designations):

Table with 4 columns: 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. Rows include Jane Q. Public (Spouse, 75%) and Junior Q. Public (Son, 25%).

< See Reverse of Part 1 for Examples of Designations >

Date & Sign

Date of designation (mm, dd, yyyy) 06/22/2007; Your signature John Q Public; Total 100.00 %

C. Witnesses (A witness is not eligible to receive payment as a beneficiary):

We, the undersigned, certify that this statement was signed in our presence.

Table for witnesses with columns: Signature of witness, Number and street, City, state and ZIP code. Witnesses: Joseph Davidson (360 Heart Circle, Wichita, KS 67210) and Joshua Calebson (770 Witness Square, Wichita, KS 67210).

Receiving agency certification

I have reviewed this designation and certify that the designated shares total 100% and that no witnesses are designated as beneficiaries.

Date received; Signature; Date

Type or print your return address to insure return

Return address box with corner brackets