

Designation of Beneficiary

Unpaid Compensation of Deceased Civilian Employee

Important:
Read all instructions before
filling in this form

A. Identification

Name (Last, first, middle)		Date of birth (mm, dd, yyyy)	Social Security Number
Department or agency in which presently employed (or former department or agency):			
Department or agency US ARMY	Bureau	Division	Location (City, state and ZIP code) FORT GORDON, GA 30905

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):

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
Date of designation (mm, dd, yyyy)	Your signature		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	Number and street 307 Chamberlain Avenue	City, state and ZIP code Fort Gordon, GA 30905
Signature of witness	Number and street 307 Chamberlain Avenue	City, state and ZIP code Fort Gordon, GA 30905

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