



Federal Employees Retirement System

Designation of Beneficiary

Federal Employees Retirement System

Form Approved
OMB No. 3206-0173

Important:
Read all instructions before filling in this form

A. Identification

Name (Last, first, middle)	Date of birth (mm/dd/yyyy)	Social Security Number
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	If you are retired give your claim 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
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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 ❶	Address (Including ZIP code) of each beneficiary ❷	Relationship to you ❶	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	Address (including ZIP code) 307 CHAMBERLAIN AVE, FORT GORDON, GA 30905
Signature of witness	Address (including ZIP code) 307 CHAMBERLAIN AVE, 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 by agency (mm/dd/yyyy)	Signature	Date (mm/dd/yyyy)
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❶ 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.

❷ 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].)

Part 1 - Original Copy