



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) Doe John Henry	Date of birth of Insured (mm/dd/yyyy) 12/31/1962	Social Security Number of Insured 123-45-6789
The Insured is: <i>Place an "X" in the appropriate box.</i>	<input checked="" type="checkbox"/> an employee <input type="checkbox"/> a retiree <input type="checkbox"/> a compensator	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 US Army Corps of Engineers	Bureau or division NAB	Location (City, state, and ZIP code) Baltimore MD

B Information About the Beneficiary or Beneficiaries (See Back of Part 2 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
Paul A. Doe	987-65-4321	52 Wilson Road Somewhere VA	Son	100%
Total (Must equal 100% or 1.0) (Do not use dollar amounts) (Do not put a Total if you designated types of insurance. See example 4 on Back of Part 1.)				100%

C Statement of Insured or Assignee (Type or print)

Your name and address (Including ZIP code) Jane S. Doe 871 Baltimore Drive Baltimore MD 12345	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 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 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 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.

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. Jane S. Doe	Date (mm/dd/yyyy) 09/15/2005
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D Witnesses (A witness is not eligible to receive a payment as a beneficiary)

Signature of witness Andrew J. Brown	Address (Including ZIP code) 51435 Brown St Baltimore MD 06000
Signature of witness Sylvia D. Black	Address (Including ZIP code) 87013 Black St Baltimore MD 00001

E For Agency Use Only

Receiving agency	Date of receipt (mm/dd/yyyy)	Signature of authorized agency official	Title
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Part 2 - Duplicate

Examples of Designations

- 1. How to designate one beneficiary** Show beneficiary's full name. Do not write names as M.E. Brown or as Mrs. John H. Brown. If you want to designate your estate, enter "My estate" in the beneficiary column.

First name, middle initial, and last name of each beneficiary	Social Security Number	Address (Including ZIP code)	Relationship	Percent or fraction designated
Mary E. Brown	000-00-0000	214 Central Avenue Munice, IN 47303	Niece	100%

- 2. How to designate more than one beneficiary** Be sure that the shares to be paid to the several beneficiaries add up to 100 percent or 1.0. Read instructions on the Back of Part 2 if you need more room.

First name, middle initial, and last name of each beneficiary	Social Security Number	Address (Including ZIP code)	Relationship	Percent or fraction designated
Jose P. Lopez	111-11-1111	360 Williams Street Red Band, NJ 07701	Nephew	one-half
Rosa L. Rowe	222-22-2222	792 Broadway Whiting, IN 46392	Mother	one-half

- 3. How to designate a contingent beneficiary** (Someone to receive the benefits if the person you designate dies before the Insured dies)

First name, middle initial, and last name of each beneficiary	Social Security Number	Address (Including ZIP code)	Relationship	Percent or fraction designated
John M. Parrish, if living	333-33-3333	810 West 180th Street New York, NY 10033	Father	100%
Otherwise to: Susan A. Parrish	444-44-4444	810 West 180th Street New York, NY 10033	Sister	100%

- 4. How to designate different beneficiaries for Basic and Optional insurance** You cannot designate Option C - Family.

First name, middle initial, and last name of each beneficiary	Social Security Number	Address (Including ZIP code)	Relationship	Percent or fraction designated
Leroy D. White	555-55-5555	124 Elm Street Dayton, OH 45420	Father	100% Basic
Jane M. Smith	666-66-6666	421 Spring Avenue Portland, ME 04101	Sister	100% Option A
Elizabeth J. Allen	777-77-7777	234 Fifth Avenue New York, NY 10029	Daughter	50% Option B
Ann J. Borden	888-88-8888	678 Ninth Street Philadelphia, PA 19123	Daughter	50% Option B

- 5. How to designate an inter vivos trust (A trust that you set up during your lifetime)**

First name, middle initial, and last name of each beneficiary	Social Security Number	Address (Including ZIP code)	Relationship	Percent or fraction designated
Trustee(s) or Successor Trustee(s) as provided in the John Q. Public Trust Agreement dated 12/18/1999, if valid. Otherwise to:			Trustee	100%
Mary E. Brown	000-00-0000	214 Central Avenue Munice, IN 47303	Niece	100%

- 6. How to designate a testamentary trust (A trust that is set up when you die, according to terms in your will)**

First name, middle initial, and last name of each beneficiary	Social Security Number	Address (Including ZIP code)	Relationship	Percent or fraction designated
Trustee(s) or Successor Trustee(s) as provided in my Last Will and Testament, if valid. Otherwise to:			Trustee	100%
Maria Sufuentes	999-99-9999	5909 Pacific Avenue, NW Washington, DC 20019	Niece	100%

- 7. How to cancel all designations of beneficiary**

First name, middle initial, and last name of each beneficiary	Social Security Number	Address (Including ZIP code)	Relationship	Percent or fraction designated
Cancel prior designations				