



Designation of Beneficiary

Federal Employees' Retirement System

Form Approved
OMB No. 3206-0173

A. Identification

Name (Last first middle) _____ Date of birth (Month day year) _____ Social Security Number _____

Place an "X" in the appropriate box. An employee Retired or an applicant for retirement 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 _____ Bureau _____ Division _____ Location (City, state and ZIP code) _____

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. I understand that this designation of beneficiary is also for any lump-sum benefit which may become payable under the Civil Service Retirement System (CSRS) after my death. 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 employee deductions for FERS (and CSRS, if applicable).

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	Address (Including ZIP code) of each beneficiary	Relationship	Share to be paid to each beneficiary
Date of designation (Month, day, year)	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	City, state and ZIP code
Signature of witness	Number and street	City, state and ZIP code

Receiving agency certification

I have reviewed this designation and certify that the designated shares total 1 00% and that no witnesses are designated as beneficiaries.

Date received _____ Signature _____ Date _____

Type or print your return address to insure return of

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

Important: The filing of this form will completely cancel any Designation of Beneficiary under the Federal Employees' Retirement System or under the Civil Service Retirement System you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any lump sum payable at your death.

Examples of Designations

1. HOW TO DESIGNATE ONE BENEFICIARY Do not write names as M.E. Brown or as Mrs. John H. Brown. If you want to designate your estate as beneficiary, enter "My estate" in the beneficiary column.

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
Mary E. Brown	214 Central Avenue Muncie, IN 47303	Niece	100%

2. HOW TO DESIGNATE MORE THAN ONE Be sure that the shares to be paid to the several beneficiaries add up to 100 percent.

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
Alice M. Long	509 Canal Street Red Bank, NJ 07701	Aunt	25%
Joseph P. Brady	360 Williams Street Red Bank, NJ 07701	Nephew	25%
Catherine L. Rowe	792 Broadway Whiting, IN 46394	Mother	50%

3. HOW TO DESIGNATE A CONTINGENT BENEFICIARY

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
John M. Parrish, if living	810 West 180th Street New York, NY 10033	Father	100%
Otherwise to: Susan A. Parrish	810 West 180th Street New York, NY 10033	Sister	100%

4. HOW TO CANCEL A DESIGNATION OF BENEFICIARY AND EFFECT PAYMENT UNDER ORDER OF PRECEDENCE (See back of duplicate)

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
John M. Parrish, if living	810 West 180th Street New York, NY 10033	Father	100%

Instructions

This Designation of Beneficiary Form is used to designate who is to receive a lump-sum payment which may become payable under the Federal Employees' Retirement System (FERS). It does not affect the right of any person who is eligible for survivor annuity benefits. Do not confuse this form with designation forms used for other types of benefits: *Standard Form 2808, Designation of Beneficiary - Civil Service Retirement System, Standard Form 2823, Designation of Beneficiary - Federal Employees' Group Life Insurance Program, TSP-3, Federal Retirement Thrift Savings Plan Designation of Beneficiary, or Standard Form 1152, Designation of Beneficiary - Unpaid Compensation of Deceased Civilian Employee.*

Do not fill out this form until you have read the information and instructions below

Important - The filing of this form will completely cancel any Designation of Beneficiary under the Federal Employees' Retirement System or under the Civil Service Retirement System you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any lump sum payable at your death.

Order of Precedence

You do not need to make a designation if you are satisfied with the order of precedence that the law provides. That order of precedence follows:

1. To your widow or widower.
2. If your widow(er) is deceased, to your child or children, with the share of any deceased child distributed among the descendants of that child.
3. If none of the above, to your parents in equal shares or the entire amount to the surviving parent.
4. If none of the above, to the executor or administrator of your estate.
5. If none of the above, to your other next of kin under the laws of the State in which you live at the time of your death.

Payment of a lump sum will be made to the first person or persons listed above who are alive on the day you die.

Designating a Beneficiary

1. You can designate any person, firm, corporation, or legal entity as your beneficiary.
2. You can change your beneficiary at any time, without the knowledge or consent of a previous beneficiary, and this right cannot be waived or restricted.
3. A designation of beneficiary must be in writing, signed, and witnessed. If you are an employee, the designation must be received in your employing office prior to your death. If you are a separated employee, a retiree or a person receiving recurring payments from the Office of Workers' Compensation Programs (OWCP), the designation must be received by the Office of Personnel Management prior to your death.
4. A witness to a designation of beneficiary is ineligible to receive payment as a beneficiary.
5. The person(s) named will be considered a beneficiary (beneficiaries) for **both** CSRS and FERS lump-sum benefits.
6. You cannot change or cancel a designation of beneficiary in a last will or testament unless it is signed, witnessed, and filed as described in

7. A designation of beneficiary remains in effect until (1) you cancel it by filing a new designation, or (2) you receive a refund of your retirement deductions before retirement. It isn't necessary to file a new designation if the name or address of your beneficiary changes. However, it may be important to file a new designation if your situation changes.

Completing the Designation Form

1. The examples printed on the back of the first page of this form may be helpful to you in naming a beneficiary or canceling a prior designation of beneficiary.
2. If you designate more than one beneficiary, be sure that the shares to be paid to them add up to 100 percent.
3. Complete the form in duplicate. Type or print all entries except signatures.
4. Do not erase or alter entries.

Where to Submit the Completed Form

For employees: File this form with your employing agency, even if you are retiring.

For separated employees, retirees and individuals receiving recurring benefits from the Office of Workers' Compensation Programs (OWCP): If you have left Federal employment, if you are receiving recurring benefits from the Office of Workers' Compensation Programs, or if you have retired, file this form with the Office of Personnel Management, Retirement Operations Center, Federal Employees' Retirement System, P.O. Box 200, Boyers, PA 16017.

Your designation will not be effective until the date it is received by your employing agency (or the U.S. Office of Personnel Management [OPM] if you are not employed).

The employee copy of this form will be noted and returned to you as evidence that the original has been received and filed. Please keep the duplicate in a safe place along with your other important papers.

For the employing agency: File the Official Personnel Folder (OPF) copy on the right side of the OPF. If the employee leaves Federal service, send

Privacy Act and Public Burden Statements

Solicitation of this information is authorized by the Civil Service Retirement law (Chapter 83, title 5, U.S. code) and the Federal Employees' Retirement law (Chapter 84, title 5, U.S. code). The information you furnish will be used to determine who will receive a lump sum benefit in the event of your death. The information may be shared and is subject to verification, via paper, electronic media, or through the use of computer matching programs, with national, state, local or other charitable or social security administrative agencies in order to determine benefits under their programs, to obtain information necessary for determination of benefits under this program, or to report income for tax purposes. It may also be shared and verified, as noted above, with law enforcement agencies when they are investigating a violation or potential violation of the civil or criminal law.

Executive Order 9397, (November 22, 1943), authorizes the use of the Social Security Number. Furnishing the Social Security Number, as well as other data, is voluntary, but failure to do so may delay or make it impossible for us to determine how to make payment in the event of your death.

We think providing this information takes an average of 15 minutes per response to complete, including the time for reviewing instructions, getting the needed data, and reviewing the completed form. Send comments regarding our estimate or any other aspect of SF 3102, including suggestions for reducing completion time, to the U.S. Office of Personnel Management (OPM), Reports and Forms Manager, Paperwork Reduction Project (3206-0173), Washington, D.C. 20415-7900. The OMB number, 3206-0173 is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.