



United States
Office of Personnel Management
Retirement and Insurance Service

Benefits Administration Letter

Number: 98-106

Date: May 8, 1998

Subject: Designations of Beneficiary to Trusts

Designating a Trust

Employees may designate a person or institution as a trustee under the terms of a trust agreement to receive the lump sum benefits payable under the Civil Service Retirement System (CSRS) or the Federal Employees Retirement System (FERS) upon the employee's death.

Information Required

To make sure that these designations are clear and to allow quick identification of the entitled party, we have established suggested formats to use for these designations.

While it is not absolutely necessary to use our formats, *the following information must be included for the designation to be valid:*

- ! a statement that the CSRS or FERS lump sum death benefit is to be paid to the trustee or successor trustee
- ! name and date of the Trust (for inter vivos trusts - see definition below)

NOTE: The CSRS and FERS Handbook for Personnel and Payroll Offices currently states that the name and address of the trustee are also necessary; however, we have eliminated this requirement. The April 1998 update of the Handbook reflects this change.

Validity

To be valid, the trustee designation must be attached to and made a part of the Designation of Beneficiary form. The employing office should receipt the attachment in the same manner as the Designation of Beneficiary in case it gets separated from the Designation. The Designation of Beneficiary form should state "See attached" in the space for the designation.

Types of Trusts

Inter Vivos Trusts - an inter vivos trust is one that an employee establishes during his/her lifetime.

Testamentary Trusts - A testamentary trust is one that an employee creates at death by his/her will.

Sample Formats

Attached are sample formats for each type of trust.

If an employee wants to use some other format, can't provide the information requested above, or needs additional information about designating a trust, please contact your agency's headquarters retirement counselor. If necessary, the retirement counselor may contact his or her liaison in the Agency Services Division for assistance.



Mary M. Sugar, Chief
Agency Services Division
Retirement and Insurance Service

2 Attachments

Name of Insured (please print): _____

Social Security Number of Insured: _____

INTER VIVOS TRUSTEE DESIGNATION

**TO BE ATTACHED TO AND MADE PART OF DESIGNATION OF BENEFICIARY
DATED _____**

I request that the amount payable under the CIVIL SERVICE RETIREMENT SYSTEM/
FEDERAL EMPLOYEES RETIREMENT SYSTEM (Proceeds) be paid to the Trustee(s) or
Successor Trustee(s) as provided under (Name of Trust Agreement)

_____ bearing the date of
_____ executed by me.

I further request that in the case of the failure of said Trustee(s) to be appointed as such or to
qualify as such for any reason, or the termination for any reason of the trust prior to my death that
the Proceeds shall be paid to:

Name	Address	Relationship	Share
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The U.S. Office of Personnel Management (OPM) shall not be responsible for the application or
disposition of the proceeds by said Trustee and the receipt by said Trustee shall fully discharge
OPM's liability.

Signature of Employee (Only the Employee may sign. Signatures by guardians, conservators or
through a power of attorney are not acceptable.)

Date of execution (Month, day, year) _____

Two Witnesses to Signature (A witness is not eligible to receive payment as a beneficiary):

Signature of witness Number and street City, state and ZIP code

Signature of witness Number and street City, state and ZIP code

Name of Insured (please print): _____

Social Security Number of Insured: _____

TESTAMENTARY TRUSTEE DESIGNATION

**TO BE ATTACHED TO AND MADE PART OF DESIGNATION OF BENEFICIARY
DATED _____**

I request that the amount payable under the CIVIL SERVICE RETIREMENT SYSTEM/
FEDERAL EMPLOYEES RETIREMENT SYSTEM (Proceeds) be paid to the Trustee(s) or
Successor Trustee(s) as provided under my Last Will and Testament, and I further request that in
the case of the failure of said Trustee to be appointed as such or to qualify as such by reason of
non-probate of any Will to that effect or for any other reason whatsoever, the Proceeds shall be
paid to:

Name	Address	Relationship	Share
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The U.S. Office of Personnel Management (OPM) shall not be responsible for the application or
disposition of the proceeds by said Trustee and the receipt by said Trustee shall fully discharge
OPM's liability.

Signature of Employee (Only the Employee may sign. Signatures by guardians, conservators or
through a power of attorney are not acceptable.)

Date of execution (Month, day, year) _____

Two Witnesses to Signature (A witness is not eligible to receive payment as a beneficiary):

Signature of witness Number and street City, state and ZIP code

Signature of witness Number and street City, state and ZIP code