

Instructions

Do Not Fill Out This Form Until You Have Read The Information and Instructions Below

This Designation of Beneficiary Form is used to designate who is to receive a lump-sum payment which may become payable under CSRS or FERS. It does not affect the right of any person who is eligible for survivor benefits. This form may not be used and will not be effective in any way to elect, or demonstrate the intent to elect, a survivor annuity for a spouse, former spouse, or an individual who has an insurable interest in an employee.

Do not confuse this form with designation forms used for other types of benefits: Standard Form 2823, *Designation of Beneficiary - Federal Employees' Group Life Insurance Program*; TSP-3, *Thrift Savings Plan Designation of Beneficiary*; or Standard Form 1152, *Designation of Beneficiary - Unpaid Compensation of Deceased Civilian Employee*.

This form is for employees and retirees under CSRS and FERS.

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.
6. 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, trust, or legal entity as your beneficiary.

If you want to designate a trust, see examples 4 and 5 on the back of Part 1. Those examples name a contingent beneficiary in case the trust is not valid. You don't have to name a contingent beneficiary unless you want to. If the trust is not valid, and you do not name a contingent beneficiary, OPM will pay according to the order listed under "**Order of Precedence**" above.

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 OPM 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 paragraph 3.
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. To inform us if the name or address of a beneficiary changes, file a new designation of beneficiary. It may be important to file a new designation if your family 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. Do **not use dollar amounts to indicate the shares**.
3. If you wish to designate more than three persons in Part B, use a blank sheet of paper which you will attach to the form. Print your name and date of birth at the top of the attachment and provide the information required in Part B for each beneficiary. Your signatures on the form and on the attachment must be witnessed by the same person. The witness must sign both the form and the attachment.
4. Complete the form in duplicate. Type or print all entries except signatures. Do not use pencil.
5. Do not erase or alter entries. **No Corrections** are permitted on this form.

Where to Submit the Completed Form

For separated CSRS or FERS employees, retirees and individuals receiving recurring benefits from OWCP: If you have left Federal employment, if you are receiving recurring benefits from OWCP, or if you have retired, file this form with OPM, Retirement Operations Center, P.O. Box 45, Boyers, PA 16017-0045.

Your designation will not be effective until the date it is received by your employing agency (*or 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 of current FERS employees: File the Official Personnel Folder (OPF) copy on the right side of the OPF. **If the FERS employee leaves Federal service, send all designations of beneficiary in the OPF to OPM.** For current CSRS employees, both copies of the form must be mailed to OPM because the employing agency does not maintain copies in the OPF.

Privacy Act Statement

Pursuant to 5 U.S.C. 552a(e)(3), this Privacy Act Statement serves to inform you of why OPM is requesting the information on this form. **Authority:** OPM is authorized to collect the information requested on this form by 5 U.S.C. chapter 83, subchapter III (Civil Service Retirement) and 5 U.S.C. chapter 84, subchapter IV (Federal Employee's Retirement). OPM is authorized to collect your Social Security number by Executive Order 9397 (November 22, 1943), as amended by Executive Order 13478 (November 18, 2008).

Purpose: OPM is requesting this information to determine who will receive a lump sum benefit in the event of your death. **Routine Uses:** The information requested on this form may be shared externally as a "routine use" to other Federal agencies and third-parties when it is necessary to process your designation. For example, 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 civil or criminal law. **Consequences of Failure To Provide Information:** Providing this information to OPM is voluntary. However, failure to provide this information may delay or prevent OPM from processing the designation of beneficiary as requested by the applicant.

Public Burden Statement

We estimate 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 including suggestions for reducing completion time, to the U.S. Office of Personnel Management (OPM), Retirement Services Publications Team (3206-0173), Washington, D.C. 20415-0001. OPM may not collect this information, and you are not required to respond, unless this number is displayed.