

PROPOSED

<p>DESIGNATION OR CHANGE OF BENEFICIARY FOR EMPLOYEES WITH SERVICE PRIOR TO JANUARY 1, 1975 FOR RESIDUAL LUMP SUM <i>(See Instructions for completing and mailing this form on the next page)</i></p>	<p>FOR RRB USE ONLY</p> <p><input type="checkbox"/> Acceptable <input type="checkbox"/> Not Acceptable (Explain on a separate sheet)</p> <p>Approved By _____ Field Office Name & No. _____ Filing Date _____</p>
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Important.-- This form is authorized under Sections 6(c) and 7 of the Railroad Retirement Act. Read the information in Items 1, 2, 3, and 4 below **AND** on the next page before filing this form.

PRINT OR TYPE THE FOLLOWING IDENTIFYING INFORMATION

Complete Mailing Address (Number/Street/City/State/Zip Code)	Name of Railroad Employee	
	Social Security Number	RRB Claim Number (If Any)
	Date of Birth (Month/Day/Year) ▶	

1. I hereby designate the person(s) named below to receive any residual lump sum payable under Section 6(c)(2) of the Railroad Retirement Act. I direct that if any named person predeceases me, that person's share shall be distributed equally to the surviving beneficiary(ies) shown. **NOTE:** If you name more than one person, the residual lump sum will be distributed in equal shares unless you indicate the percentage to be paid to each.

a. First name, middle initial (maiden name if married), and last name of each beneficiary	b. Complete Mailing Address	c. Relationship	d. Share to be Paid Each Beneficiary

2. If no person named in Item 1 above survives me, I designate the beneficiary(ies) named below. I direct that if any named person below predeceases me, that person's share shall be distributed equally to the surviving beneficiary(ies) shown. **NOTE:** If you name more than one person, the residual lump sum will be distributed in equal shares unless you indicate the percentage to be paid to each.

a. First name, middle initial (maiden name if married), and last name of each beneficiary	b. Complete Mailing Address	c. Relationship	d. Share to be Paid Each Beneficiary

3. By this designation I revoke all designations I have previously made, if any. I understand that this designation will remain in effect unless changed or revoked by me.

SIGNATURE OF RAILROAD EMPLOYEE	DATE SIGNED (Month/Day/Year)
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4. **WITNESSES** (**NOTE:** A person listed above as a beneficiary CANNOT be a witness.)
 We, the undersigned, certify that this instrument was subscribed in our presence and in the presence of each other on the date shown above, and that the railroad employee declared it to be his/her free act and deed.

a. Signature of Witness	Complete Mailing Address (Number/Street/City/State/Zip Code)
b. Signature of Witness	Complete Mailing Address (Number/Street/City/State/Zip Code)

IMPORTANT NOTICES

This form pertains to payment of a residual lump sum (RLS) to your survivors. An RLS is a special payment under the Railroad Retirement Act to insure that you and your survivors receive at least as much in railroad retirement benefits as you paid in railroad retirement taxes **before January 1, 1975** (plus an allowance for interest). Most employees do receive benefits exceeding their taxes. Beneficiaries must be specifically named. You may designate your estate, but designations such as "son," "heirs," or "executor" are not acceptable.

WHO SHOULD FILE

1. An employee who may have a residual lump sum and wishes to designate beneficiaries must meet the following conditions:
 - You began to work for a railroad or other employer covered by the Act before 1975, and
 - you wish to designate your own beneficiary (see *Railroad Retirement Act Order of Precedence* below), and
 - you have not received a railroad retirement annuity or have received one for less than two years.
2. An employee who wishes to change beneficiaries.
3. An employee who filed a designation of beneficiary before June 22, 1948, on Form AA-11, which is no longer valid. If you still wish to have a designation on record, you must file a new form.

Railroad Retirement Act Order of Precedence

If a residual lump sum becomes payable and you have not designated a beneficiary to receive the amount, or if no designated beneficiary survives you, the residual lump sum will be paid as follows.

- a. To your widow(er) if living with you at the time of your death. If no eligible widow(er) survives, to
- b. your child or children in equal shares. If no child survives, to
- c. your grandchild or grandchildren in equal shares. If no grandchild survives, to
- d. your parent or parents in equal shares. If no parent survives, to
- e. your brothers and sisters in equal shares. If no brother or sister survives, to
- f. your estate.

INSTRUCTIONS FOR COMPLETING THIS FORM

1. Print all answers in ink or use a typewriter.
2. Sign and date Item 3 in ink. A signature by mark (X) is acceptable.
3. Two witnesses must certify the signature of the designator in Items 4a and 4b. One or both witnesses may be Railroad Retirement Board employees.
4. If you show percentages in Items 1d or 2d, be certain that the total shares equal 100 percent.
5. Any individual, partnership, association, joint stock company, or corporation may be designated as beneficiary. Miscellaneous provisions, such as "payment of just debts," "payment on the monthly installment plan," etc., should not be incorporated into this form and will not be recognized.
6. The form should be free of erasures or alterations to avoid a possible contest after your death.
7. **The form must be returned** in person or by mail to the nearest office of the Railroad Retirement Board on or before the date of your death. A copy will be sent to you for your records after it has been reviewed.
8. An inaccurately completed form will cause us to return the form to you for correction.

PAPERWORK REDUCTION ACT AND PRIVACY ACT NOTICES

The Railroad Retirement Board is authorized to collect the information on this form under Section 7(b)(6) of the Railroad Retirement Act. The information asked for on this form is needed to designate a beneficiary or beneficiaries whom you want to receive any residual lump sum (RLS) payment that is payable in the event of your death. You are not obligated to complete this form, however, if you do not, any residual lump sum that becomes payable will be paid as specified above in the order of precedence. A complete listing of the persons, organization, and agencies to which the information you give us may be released is available at any office of the Railroad Retirement Board.

We estimate this form takes an average of 10 minutes per response to complete, including the time for reviewing the instructions, getting the needed data, and reviewing the completed form. Federal agencies may not conduct or sponsor, and respondents are not required to respond to, a collection of information unless it displays a valid OMB number. If you wish, send comments regarding the accuracy of our estimate or any other aspect of this form, including suggestions for reducing completion time, to Chief of Information Resources Management, Railroad Retirement Board, 844 North Rush Street, Chicago, IL 60611-2092.