

**ARMY & AIR FORCE EXCHANGE SERVICE  
BENEFICIARY DESIGNATION**

*(Read Agency Disclosure Notice, Privacy Act Statement, and Instructions before completing form.)*

OMB NO. 0702-  
OMB approval expires  
MMM DD, YYYY

**AGENCY DISCLOSURE NOTICE**

The public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Directives Division, 4800 Mark Center Drive, East Tower, Suite 02G09, Alexandria, VA 22350-3100 (0702-XXXX). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

**PLEASE DO NOT RETURN YOUR RESPONSE TO THE ABOVE ADDRESS.**

Responses should be sent to your local Exchange HR Representative or to the Treasury Benefit department at the Army and Air Force Exchange Service, 3911 South Walton Walker Blvd., Dallas, TX 75236-1598.

**PRIVACY ACT STATEMENT**

**AUTHORITY:** Title 10 U.S.C. 3013, "Secretary of the Army"; Title 10 U.S.C. 8013, "Secretary of the Air Force"; Title 42 U.S.C. 659, "Consent by United States to income withholding, garnishment, and similar proceeding for enforcement of child support and alimony obligations"; 31 CFR 285.11, "Administrative Wage Garnishment"; DoD Directive 7000.14-R, Volume 13 and 16, "DoD Financial Management Regulation"; Department of Defense Instruction (DoDI) 1400.25, Volume 1408, "DoD Civilian Personnel Management System: Insurances and Annuities for Nonappropriated Fund (NAF) Employees"; Army Regulation 215-8/AFI 34-211(I), "Army and Air Force Exchange Service Operations"; and E.O. 9397 (SSN), as amended.

**PRINCIPAL PURPOSE(S):** Information collected is to provide the basis for computing civilian/retiree/survivor pay deductions and for processing of insurance benefits chosen by active Exchange associates.

**ROUTINE USE(S):** Your records may be disclosed outside of DoD pursuant to Title 5 U.S.C. §552a(b)(3) regarding DoD "Blanket Routine Uses" published at <http://dpcl.d.defense.gov/Privacy/SORNSIndex/BlanketRoutineUses.aspx>. Information may be disclosed to former spouses and/or survivors, to federal, state, or local child support agencies for purposes of assisting the agencies in the discharge of their responsibilities under federal and state law.

**DISCLOSURE:** Voluntary, however, failure to provide all the requested information may result in the denial of your application for benefits.

**SYSTEM OF RECORD NOTICE:** AAFES 0703.07 "Employee Pay System Records"; <http://dpcl.d.defense.gov/Privacy/SORNSIndex/DODwideSORNArticleView/tabid/6797/Article/570129/aafes-070307.aspx>  
AAFES 0903.06 "Personnel Management Information System"; <http://dpcl.d.defense.gov/Privacy/SORNSIndex/DODwideSORNArticleView/tabid/6797/Article/570130/aafes-090306.aspx>

**INSTRUCTIONS**

If you have been notified that you are eligible for the Exchange benefit plan need you will need to designate beneficiaries. Beneficiary designation may be completed with the following form (Exchange FORM 1700-12) or online at eBenefits through your Self Service.

When providing information on the following form, please follow the directions on page 2. Should you have any questions or concerns, please address those to your local HR representative or contact the HR Support Team at 1-800-508-8466.

When you complete and sign the form, it should be turned into your local HR Team.

PRINT OR TYPE ALL INFORMATION EXCEPT SIGNATURES	<b>ARMY &amp; AIR FORCE EXCHANGE SERVICE</b> <b>BENEFICIARY DESIGNATION</b>	SEE PRIVACY ACT STATEMENT ON REVERSE	COPY DIST: Copy 1 - OPF Copy 2 - EMPLOYEE	
NAME (Last, First, M.I.)	PRIOR NAME IF NAME CHANGED	SOCIAL SECURITY NO.	STATUS <input type="checkbox"/> ACT <input type="checkbox"/> RET	
CURRENT ADDRESS	SEX <input type="checkbox"/> M <input type="checkbox"/> F	BIRTHDAY (Day, Mo, Yr)	MARITAL STATUS EMP STATUS <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>READ IMPORTANT NOTICES ON REVERSE SIDE</b>				
<b>I - BENEFICIARY (Complete if you choose the same beneficiary(ies) for all programs).</b> I designate the following beneficiary(ies), or those surviving beneficiaries who are living at my death, to share equally any Unpaid Compensation, Retirement Contributions, Life Insurance (Basic and Supplemental), EMP Life Insurance (EMPs only), or 401k Retirement Savings Plan				
BENEFICIARY NAME AND SOCIAL SECURITY NUMBER	PERMANENT ADDRESS	BIRTHDATE (Day,Mo,Yr)	RELATIONSHIP	
IF ALL OF THE ABOVE ARE NOT LIVING AT MY DEATH:				
<b>II - COMPLETE BELOW ONLY IF YOU WISH TO CHOOSE <u>DIFFERENT</u> BENEFICIARIES FOR THE INDIVIDUAL PROGRAMS - OTHERWISE JUST COMPLETE PART I ABOVE.</b>				
<b>UNPAID COMPENSATION BENEFICIARY</b>				
BENEFICIARY NAME AND SOCIAL SECURITY NUMBER	PERMANENT ADDRESS	BIRTHDATE (Day,Mo,Yr)	RELATIONSHIP	
IF ALL OF THE ABOVE ARE NOT LIVING AT MY DEATH:				
<b>RETIREMENT CONTRIBUTIONS BENEFICIARY DESIGNATION</b> (No retirement contributions are payable to a designated beneficiary as long as benefits are actually or potentially payable to a surviving spouse.)				
BENEFICIARY NAME AND SOCIAL SECURITY NUMBER	PERMANENT ADDRESS	BIRTHDATE (Day,Mo,Yr)	RELATIONSHIP	
IF ALL OF THE ABOVE ARE NOT LIVING AT MY DEATH:				
<b>BASIC LIFE INSURANCE BENEFICIARY DESIGNATION - (two times annual)</b>				
BENEFICIARY NAME AND SOCIAL SECURITY NUMBER	PERMANENT ADDRESS	BIRTHDATE (Day,Mo,Yr)	RELATIONSHIP	
IF ALL OF THE ABOVE ARE NOT LIVING AT MY DEATH:				
<b>SUPPLEMENTAL LIFE INSURANCE BENEFICIARY DESIGNATION - (more than two times annual)</b>				
BENEFICIARY NAME AND SOCIAL SECURITY NUMBER	PERMANENT ADDRESS	BIRTHDATE (Day,Mo,Yr)	RELATIONSHIP	
IF ALL OF THE ABOVE ARE NOT LIVING AT MY DEATH:				
<b>EXECUTIVE MANAGEMENT PROGRAM LIFE INSURANCE BENEFICIARY DESIGNATION</b>				
BENEFICIARY NAME AND SOCIAL SECURITY NUMBER	PERMANENT ADDRESS	BIRTHDATE (Day,Mo,Yr)	RELATIONSHIP	
IF ALL OF THE ABOVE ARE NOT LIVING AT MY DEATH:				
<b>401k RETIREMENT SAVINGS PLAN BENEFICIARY DESIGNATION - PLAN NUMBER 83222. Use a whole % only.</b>				
BENEFICIARY NAME AND SOCIAL SECURITY NUMBER	PERMANENT ADDRESS	BIRTHDATE (Day,Mo,Yr)	RELATIONSHIP	%
IF ALL OF THE ABOVE ARE NOT LIVING AT MY DEATH:				
I UNDERSTAND THAT THESE DESIGNATIONS OF BENEFICIARIES SHALL OPERATE SO AS TO REVOKE ALL PREVIOUS BENEFICIARY DESIGNATIONS MADE BY ME.				
EMPLOYEE SIGNATURE	DATE (Day,Mo,Yr)	WITNESS SIGNATURE (Other than beneficiary)	DATE (Day,Mo,Yr)	

## PRIOR NAFI SERVICE

A copy of this action must be forwarded immediately to EXCHANGE HQ, ATTN: Benefits Development & Administration Branch (FA-T/B) when an employee attains RFT status within 90 days following separation for "Reduction-in-Force" by another NAFI or when a RFT employee of another NAFI transfers to the Exchange simultaneously with a transfer of function.

## BENEFICIARY DESIGNATIONS

1. If you wish for the same beneficiaries to share equally for all programs, complete Section I only. If you wish to choose different beneficiaries for each program, complete Section II only. Take care to separate the primary beneficiaries from those in the "If all of the above are not living at my death" line. Use a separate page (also signed & witnessed) if necessary.

2. List the beneficiaries full name, SSN, address, DOB and relationship.

3. Beneficiaries share equally in all available benefits. (see note 7 for 401K only)

4. **IMPORTANT:** If minor children are named, the following should be considered.

The age at which a minor becomes eligible to inherit directly may vary from state to state. A guardian, conservator, or other legal representative may have to be appointed by a court to receive property on behalf of a minor.

Accomplishing this may involve legal expense. A copy of the court order appointing said guardian, conservator, or other legal representative must be furnished to the insurer after which the benefits will be paid to said individual on behalf of the minor.

5. To name a trust as beneficiary: list name and date of the trust. Attach trust papers.

6. To name your estate as beneficiary: list "My Estate".

7. **FOR 401k ONLY:** Fill in this section if you want to specify the % amount to each beneficiary.

**NOTE:** A married female should be designated by her given first name, not by her husband's given name: Mary E. Jones, not Mrs. John Jones.

**NOTE:** Print a copy of this form, complete, sign and give it to your HR office. Make sure a copy is put in your OPF and keep a copy for your records. Unsigned and/or unwitnessed forms are not valid. Previous form on file will remain in effect.