



## Designation of Beneficiary

### Civil Service and Federal Employees Retirement Systems



**Important:** Read all instructions before filing this form.

#### A. Identification

Name (last, first, middle)		Date of birth (mm/dd/yyyy)	Social security number
Place an "X" in the appropriate box: → <input type="checkbox"/>	An employee	<input type="checkbox"/> Retired or an applicant for retirement	<input type="checkbox"/> Former employee eligible for retirement in the future
Department or agency in which presently employed (or former department or agency): Department or agency			If you are retired, give your claim number <b>CSA</b>
Location (city, state and ZIP code)		Name of your retirement system	
		<input type="checkbox"/> CSRS	<input type="checkbox"/> FERS

#### Civil Service Retirement System (CSRS)

I, the individual identified above, designate the beneficiary or beneficiaries named below to receive any lump-sum benefit which may become payable under CSRS after my death. I understand that this designation of beneficiary will not affect the rights of any survivors who may qualify for annuity benefits after my death, cancels any previous designation of beneficiary, and remains in effect until I cancel it in writing by filing a new designation form.

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.

Properly completed designations for **CSRS employees and retirees** are not valid unless the Office of Personnel Management (OPM) receives the form before the death of the designator. Mail both the completed Original and Employee copies of the SF 3102 to OPM, P.O. Box 45, Boyers, PA 16017.

For current CSRS employees, OPM will validate both completed copies of the form and send you a copy for your records. Your employing agency does not maintain this form.

#### Federal Employee Retirement System (FERS)

I, the individual identified above, designate the beneficiary or beneficiaries named below to receive any lump-sum benefit which may become payable under FERS after my death, including lump-sum death benefits which may become payable based on amounts contributed to CSRS before I became covered by FERS. 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 by filing a new designation form or I receive payment of my FERS retirement contributions.

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.

Properly completed designations for **FERS employees** are not valid unless the employing agency receives them before the death of the designator. **FERS retirees** must send the designation form to OPM, P.O. Box 45, Boyers, PA 16017 before the death of the designator for this form to be valid.

For current FERS employees, the agency will keep the original copy in your Official Personnel Folder and send it to OPM after you separate from Federal service.

#### B. Information Concerning Beneficiaries (See Examples on the Reverse of Part 1. Type or print clearly)

First name, middle initial, and last name of each beneficiary*	Address (including ZIP code) of each beneficiary**	Relationship to you*	Share to be paid to each beneficiary
Date of designation (mm/dd/yyyy)	Your signature	<b>Total = 100%</b>	

#### C. Witness (A witness is not eligible to receive a payment as a beneficiary):

**We, the undersigned, certify that this statement was signed in our presence.**

Signature of witness	Address (including ZIP code)
Signature of witness	Address (including ZIP code)

**Receiving Agency Certification:** I have reviewed this designation and certify that the designated shares total 100% and that the witness was not designated as a beneficiary.

Date received by agency (mm/dd/yyyy)	Signature	Date (mm/dd/yyyy)
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\* We will pay to the person you designate, even if that person's name or relationship to you changes after you file this designation. For example, suppose you designate your spouse and then you divorce and you marry someone else. We will pay any lump sum to your former spouse unless you submit another designation to cancel prior designations or to designate who we are to pay.  
 \*\* We will write to the address you provide here to contact the person you designate. However, that person is obligated to contact us after your death to apply for any death benefits that may be payable.

Type or print your return address so that we can return a copy to you.

See back of **Employee Copy** for instructions on where to file this form. (Retain until the FERS employee leaves Federal service and then send to the Office of Personnel Management.)

For current CSRS employees - - both copies must be sent to OPM.

**Important** - The filing of this form will completely cancel any Designation of Beneficiary under CSRS or under FERS you 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 to you*	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 Beneficiary**

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 to you*	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	Domestic Partner	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 to you*	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 Designate An Inter Vivos Trust**

(A trust that you set up during your lifetime)

First name, middle initial, and last name of each beneficiary*	Address (including ZIP code) of each beneficiary**	Relationship to you*	Share to be paid to each beneficiary
Trustee(s) or Successor Trustee(s) as provided in the John Q. Public Trust Agreement dated 12/18/2016, if valid. Otherwise to:		Trustee	100%
Mary E. Brown	214 Central Avenue Muncie, IN 47303	Niece	100%

**5. How to Designate A Testamentary Trust**

(A trust that is set up when you die, according to terms in your will)

First name, middle initial, and last name of each beneficiary*	Address (including ZIP code) of each beneficiary**	Relationship to you*	Share to be paid to each beneficiary
Trustee(s) or Successor Trustee(s) as provided in my Last Will and Testament, if valid. Otherwise to:		Trustee	100%
Maria Sufuentes	5909 Pacific Avenue, NW Washington, DC 20019	Niece	100%

**6. How to Cancel a Designation of Beneficiary and Effect Payment Under Order of Precedence**

(See back of employee copy)

First name, middle initial, and last name of each beneficiary*	Address (including ZIP code) of each beneficiary**	Relationship to you*	Share to be paid to each beneficiary
Cancel prior designations			



# Designation of Beneficiary

## Civil Service and Federal Employees Retirement Systems



**Important:** Read all instructions before filing this form.

### A. Identification

Name (last, first, middle)		Date of birth (mm/dd/yyyy)	Social security number
Place an "X" in the appropriate box: → <input type="checkbox"/>	An employee	<input type="checkbox"/> Retired or an applicant for retirement	<input type="checkbox"/> Former employee eligible for retirement in the future
Department or agency in which presently employed (or former department or agency): Department or agency			If you are retired, give your claim number <b>CSA</b>
Location (city, state and ZIP code)		Name of your retirement system	
		<input type="checkbox"/> CSRS	<input type="checkbox"/> FERS

**CSRS**

**FERS**

I, the individual identified above, designate the beneficiary or beneficiaries named below to receive any lump-sum benefit which may become payable under CSRS after my death. I understand that this designation of beneficiary will not affect the rights of any survivors who may qualify for annuity benefits after my death, cancels any previous designation of beneficiary, and remains in effect until I cancel it in writing by filing a new designation form.

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.

Properly completed designations for **CSRS employees and retirees** are not valid unless the Office of Personnel Management (OPM) receives the form before the death of the designator. Mail both the completed Original and Employee copies of the SF 3102 to OPM, P.O. Box 45, Boyers, PA 16017.

For current CSRS employees, OPM will validate both completed copies of the form and send you a copy for your records. Your employing agency does not maintain this form.

I, the individual identified above, designate the beneficiary or beneficiaries named below to receive any lump-sum benefit which may become payable under FERS after my death, including lump-sum death benefits which may become payable based on amounts contributed to CSRS before I became covered by FERS. 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 by filing a new designation form or I receive payment of my FERS retirement contributions.

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.

Properly completed designations for **FERS employees** are not valid unless the employing agency receives them before the death of the designator. **FERS retirees** must send the designation form to OPM, P.O. Box 45, Boyers, PA 16017 before the death of the designator for this form to be valid.

For current FERS employees, the agency will keep the original copy in your Official Personnel Folder and send it to OPM after you separate from Federal service.

### B. Information Concerning Beneficiaries (See Examples on the Reverse of Part 1. Type or print clearly)

First name, middle initial, and last name of each beneficiary*	Address (including ZIP code) of each beneficiary**	Relationship to you*	Share to be paid to each beneficiary
Date of designation (mm/dd/yyyy)	Your signature	<b>Total = 100%</b>	

### C. Witness (A witness is not eligible to receive a payment as a beneficiary):

We, the undersigned, certify that this statement was signed in our presence.

Signature of witness	Address (including ZIP code)
Signature of witness	Address (including ZIP code)

**Receiving Agency Certification:** I have reviewed this designation and certify that the designated shares total 100% and that no witness was designated as beneficiaries.

Date received by agency (mm/dd/yyyy)	Signature	Date (mm/dd/yyyy)
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\* We will pay to the person you designate, even if that person's name or relationship to you changes after you file this designation. For example, suppose you designate your spouse and then you divorce and you marry someone else. We will pay any lump sum to your former spouse unless you submit another designation to cancel prior designations or to designate who we are to pay.

\*\* We will write to the address you provide here to contact the person you designate. However, that person is obligated to contact us after your death to apply for any death benefits that may be payable.

Type or print your return address so that we can return a copy to you.



See back of **Employee Copy** for instructions on where to file this form. (Retain until the FERS employee leaves Federal service and then send to the Office of Personnel Management.)

For current CSRS employees - - both copies must be sent to OPM.

## 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.