



**DESIGNATION OF BENEFICIARY**  
District of Columbia Employees Group Life Insurance

**WARNING**  
Read instructions on back of duplicate before filling in this form

**INFORMATION CONCERNING THE INSURED:**

Name (Last, First, Middle)	Date of Birth (Month, Day, Year)	Social Security Number
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Place an "X" in the appropriate box below:

<input type="checkbox"/> An Employee	<input type="checkbox"/> Retired or applicant for retirement	<input type="checkbox"/> Receiving Disability Compensation benefits or an applicant for Disability Compensation benefits	If you are retired or receiving Disability Compensation, give your claim number.
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Department or agency in which presently employed (If retired or on Disability Compensation, former department or agency):

Department or Agency	Bureau	Division
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I, the individual identified above, canceling any and all previous Designations of Beneficiary under the District of Columbia Employees Group Life Insurance Program heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any amount of LIFE INSURANCE and ACCIDENTAL DEATH INSURANCE due and payable at my death. I understand that this Designation of Beneficiary will remain in full force and

effect, with respect to any amount payable, unless or until canceled by me in writing, or until such time as it is automatically canceled (see regulation "f" on reverse side of duplicate copy). If this designation form is determined invalid for any reason, the next prior valid designation form will be given full force and effect. If no such prior form exists, the proceeds will be distributed according to the Order of Precedence.

**INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES (See Examples of Designations):**

Type or Print First Name, Middle Initial, and Last Name of Each Beneficiary	Type or Print Address (Including ZIP Code) of Each Beneficiary	Relationship	Share to Be Paid to Each Beneficiary		
<table border="1" style="width:100%"> <tr> <td style="width:20%">Social Security No. (if available)</td> <td style="width:15%">Birthdate (if available)</td> </tr> </table>	Social Security No. (if available)	Birthdate (if available)			
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For each type of insurance (Basic Life, Option A—Standard, and Option B—Additional): (1) I hereby direct, unless otherwise indicated above, that if more than one beneficiary is named, the share of any beneficiary who may predecease me or become disqualified for any reason from receiving a share of the benefits shall be distributed equally among the surviving beneficiaries, or entirely to the

survivor; (2) I understand that this Designation of Beneficiary shall be void if none of the designated beneficiaries is living at the time of my death.

I hereby specifically reserve the right to cancel or change this designation of beneficiary at any time without knowledge or consent of the beneficiary.

PRINT OR TYPE NAME AND ADDRESS (Including ZIP Code) OF INSURED


Please check:

- I have signed this form in the presence of the two witnesses who have signed below.
- Neither witness is named as a beneficiary.
- If I designated shares to be paid to more than one beneficiary, the shares add up to 100%. (Dollar amounts are not acceptable.)

Date of Execution (Month, Day, Year)

Signature of Insured

**WITNESSES TO SIGNATURE (A witness is ineligible 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

Receiving Agency	Date of Receipt	Agency Signature	Title
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**SEE REVERSE SIDE OF DUPLICATE COPY FOR INSTRUCTIONS ON WHERE TO FILE THESE FORMS.**

**IMPORTANT**—The filing of this form will completely cancel any Designation of Beneficiary under the District of Columbia Employees Group Life Insurance Program you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any life insurance payable under the Program 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.

Type or Print First Name, Middle Initial, and Last Name of Each Beneficiary	Type or Print Address (Including ZIP Code) of Each Beneficiary	Relationship	Share to Be Paid to Each Beneficiary
Mary Brown May 1, 1960	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.

Type or Print First Name, Middle Initial, and Last Name of Each Beneficiary	Type or Print Address (Including ZIP Code) of Each Beneficiary	Relationship	Share to Be Paid to Each Beneficiary
Alice M. Long	509 Canal Street Red Bank, NJ 07701	Aunt	25%
Joseph P. Brady Sept. 12, 1981	360 Williams Street Red Bank, NJ 07701	Nephew	25%
Catherine Rowe 012-34-5678 Sept. 2, 1926	792 Broadway Whiting, IN 46394	Mother	50%

**3. How to Designate a Contingent Beneficiary**

Type or Print First Name, Middle Initial, and Last Name of Each Beneficiary	Type or Print Address (Including ZIP Code) of Each Beneficiary	Relationship	Share to Be Paid to Each Beneficiary
John M. Parrish, if living July 6, 1946	101 7th Street, S.W. Washington, D.C. 20001	Father	100%
Otherwise to: Susan A. Parrish November 13, 1979	101 7th Street, S.W. Washington, D.C. 20001	Sister	100%

**4. How to Designate Different Beneficiaries for Basic Life and Optional Coverages\***

Type or Print First Name, Middle Initial, and Last Name of Each Beneficiary	Type or Print Address (Including ZIP Code) of Each Beneficiary	Relationship	Share to Be Paid to Each Beneficiary
John D. Jones 000-11-2222 January 8, 1959	124 Elm Street Dayton, OH 45420	Son	All Basic Life
Jane Smith February 28, 1968	421 Spring Avenue Portland, ME 04101	Niece	50% Opt. B-Additional
Elizabeth J. Allen 111-22-3333 August 14, 1966	234 Fifth Avenue New York, NY 10029	Friend	50% Opt. B-Additional

**5. How to Cancel a Designation of Beneficiary and Effect Payment Under Order of Precedence (See back of duplicate)**

Type or Print First Name, Middle Initial, and Last Name of Each Beneficiary	Type or Print Address (Including ZIP Code) of Each Beneficiary	Relationship	Share to Be Paid to Each Beneficiary
Cancel Prior Designations			

\*If a beneficiary for Basic Life, Option A—Standard, Option B—Additional predeceases designator, if there is no surviving beneficiary or contingent beneficiary for that type of insurance, payment for that type of insurance will be made in order of precedence (see back of duplicate).