



SEE PRIVACY ACT STATEMENT
ON REVERSE OF LAST PAGE.

U.S. Department of State
DESIGNATION OF BENEFICIARY

WARNING
Do not fill out this form until
you have read the instructions.

A. INFORMATION CONCERNING THE DESIGNATOR

1. NAME <i>(Last, First, Middle)</i>		2. DATE OF BIRTH <i>(mm-dd-yyyy)</i>	3. SOCIAL SECURITY NO.	4. DATE OF THIS DESIGNATION <i>(mm-dd-yyyy)</i>
5. POST OF ASSIGNMENT <i>(City)</i>	<i>(Country)</i>	6. EMPLOYING DEPARTMENT OR AGENCY		7. IF RETIRED, DATE OF RETIREMENT <i>(mm-dd-yyyy)</i>

I, the participant or former participant identified above, canceling any and all previous designations of beneficiary heretofore made by me under the Foreign Service Retirement and Disability System (FSRDS) or the Foreign Service Pension System (FSPS), do now designate the beneficiary or beneficiaries named below to receive any lump-sum benefit (exclusive of voluntary deposits with accumulated interest as provided in Section 825 of the Foreign Service Act of 1980, as amended) which may become payable under FSRDS or FSPS 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, and that this designation will remain in full force and effect unless and until canceled by me in writing.

B. INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES

TYPE OR PRINT FIRST NAME, MIDDLE INITIAL, AND LAST NAME OF EACH BENEFICIARY	TYPE OR PRINT ADDRESS OF EACH BENEFICIARY	RELATIONSHIP	SHARE TO BE PAID TO EACH BENEFICIARY

I hereby direct, unless otherwise indicated above, that, if more than one beneficiary is named, the share of any deceased beneficiary or beneficiaries who may die before a lump-sum benefit becomes payable shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. If none of the beneficiaries are alive when the lump-sum benefit becomes payable, this designation shall be void, and payment will be made according to the order of precedence set by law.

Signature of Designator - *(DO NOT PRINT)*

C. WITNESS

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

Signature of Witness - *(DO NOT PRINT)*

Number and Street

City, State and Zip Code

Signature of Witness - *(DO NOT PRINT)*

Number and Street

City, State and Zip Code

PRINT OR TYPE YOUR NAME AND ADDRESS TO INSURE RETURN OF COPY

*(Reserved for Receiving Stamp of Employing Department
or Agency)*

IMPORTANT - The filing of this form will completely cancel any Designation of Beneficiary under the Foreign Service Pension System or under the Foreign Service Retirement and Disability System you may 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

HOW TO DESIGNATE ONE BENEFICIARY

TYPE OR PRINT FIRST NAME, MIDDLE INITIAL, AND LAST NAME OF EACH BENEFICIARY	TYPE OR PRINT ADDRESS OF EACH BENEFICIARY	RELATIONSHIP	SHARE TO BE PAID TO EACH BENEFICIARY
SARAH M. JONES	22 Elm Street, Lima, Ohio	Sister	All

Do not write name as S.M. Jones or as Mrs. George L. Jones.

HOW TO DESIGNATE MORE THAN ONE BENEFICIARY

TYPE OR PRINT FIRST NAME, MIDDLE INITIAL, AND LAST NAME OF EACH BENEFICIARY	TYPE OR PRINT ADDRESS OF EACH BENEFICIARY	RELATIONSHIP	SHARE TO BE PAID TO EACH BENEFICIARY
MARY A. SMITH	4902 Oak Street, Jason, North Dakota	Aunt	One-half
ANNA D. BROWN	50 Duke Street, Jason, North Dakota	Cousin	One-fourth
HENRY G. BROWN	50 Duke Street, Jason, North Dakota	None	One-fourth

Be sure the shares to be paid to the beneficiaries add up to 100%.

HOW TO DESIGNATE A CONTINGENT BENEFICIARY

TYPE OR PRINT FIRST NAME, MIDDLE INITIAL, AND LAST NAME OF EACH BENEFICIARY	TYPE OR PRINT ADDRESS OF EACH BENEFICIARY	RELATIONSHIP	SHARE TO BE PAID TO EACH BENEFICIARY
CATHERINE J. ANDERSON, if living	91 Adams Place, Syracuse, New York	Niece	All
Otherwise to: JOHN L. JONES	69 Harris Avenue, Cleveland, Ohio	Nephew	All

NOTE: If beneficiary designated is not related to you, indicate "NONE" under "Relationship."

HOW TO CANCEL A DESIGNATION OF BENEFICIARY

TYPE OR PRINT FIRST NAME, MIDDLE INITIAL, AND LAST NAME OF EACH BENEFICIARY	TYPE OR PRINT ADDRESS OF EACH BENEFICIARY	RELATIONSHIP	SHARE TO BE PAID TO EACH BENEFICIARY
Cancel Prior Designation			

You may want to cancel a beneficiary you have named if your circumstances change and you want the benefit payable to your wife, husband, children, or parents in that order.

A. ORDER OF PRECEDENCE (3 FAM 673.8-5)

(Section 815(f) Foreign Service Act of 1980, as amended)

If there is no designated beneficiary living, any lump-sum benefit which becomes payable after the death of a participant or a former participant will be payable to the first person or persons listed below who are alive on the date title to the payment arises:

1. To the surviving wife or husband of the participant.
2. If there is no surviving wife or husband, to the child or children of such participant and descendants of deceased children by representation.
3. If none of the above, to the parents of such participant or the survivor of them.
4. If none of the above, to the duly appointed executor or administrator of the estate of such participant.
5. If none of the above, to other next of kin of such participant as may be determined by the Secretary in his judgment to be legally entitled thereto.

It is not necessary for any participant or former participant to designate a beneficiary unless he/she wishes to name some person or persons not included above, or in a different order.

B. PURPOSE OF DESIGNATING A BENEFICIARY

A designation of beneficiary is for lump-sum benefit purposes only, and does not affect the right of any person who qualifies to receive survivor annuity benefits. Such benefits are payable either by operations of law or as a result of an election made by a retiring participant.

C. INSTRUCTIONS

1. The examples printed on the back of the first page may be helpful to you.
2. Type or print all entries except signatures.
3. This form must be completed and mailed to the appropriate Personnel Office. The designation must be received prior to the death of the participant or former participant to be valid.

4. Cancellation of a prior designation may be effected without naming a new beneficiary by making out a new DS-5002 and inserting in the space provided for name of beneficiary the words, "Cancel Prior Designation."
5. This form is not intended as a will, and miscellaneous provisions such as payment of just debts, payment of monthly installment plan, etc., will not be recognized.
6. A designation free of erasures or alterations should be filed in order to avoid a possible contest after death.
7. A copy will be returned to you as evidence that the original has been received and filed. When you receive the duplicate, file it with your important papers.

D. REGULATIONS (3 FAM 673.8-6)

1. The designation of beneficiary shall be in writing, signed and witnessed, and received in the Department or the Agency prior to the death of the participant.
2. No change or cancellation of beneficiary in a last will or testament, or in any other document not witnessed and filed as required by these regulations, shall require the Department to pay any alleged beneficiary other than the beneficiary designated by the document witnessed and filed in accordance with these regulations. Payment of the beneficiary so designated shall relieve the Department of liability to any other claimant.
3. A witness to a designation of beneficiary is ineligible to receive payment as a beneficiary.
4. A change of beneficiary may be made at any time and without the knowledge or consent of the previous beneficiary unless the participant has obligated himself/herself under appropriate state law to do so. If the Department is not notified of any such obligation before payment is made, payment to the beneficiary designated in accordance with the Department's regulations, discharge the Department of any further responsibility.

PRIVACY ACT STATEMENT

Title 5, U.S. Code, authorizes solicitation of this information. Your designation of beneficiary will be used to determine who will receive a lump-sum benefit in the event of your death.

This information may be shared with national, State, local or other charitable, social security administrative or law enforcement agencies to determine and issue benefits under their programs or, in the latter case, when they are investigating a violation or potential violation of the civil or criminal law.

Executive Order 9397 (November 22, 1943) authorizes use of the Social Security Number to distinguish between you and people with similar names. Furnishing your Social Security Number, as well as the other data, is voluntary, but failure to do so may result in your agency's inability to determine who is eligible to receive a lump-sum benefit in the event of your death.

IMPORTANT - The filing of this form will completely cancel any Designation of Beneficiary under the Foreign Service Pension System or under the Foreign Service Retirement and Disability System you may 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.