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Form SF-3102 Help Guide: Federal Employees Retirement System (FERS)

Purpose of this Form: To designate who should receive any FERS contributions in your name upon death.

Directions:

1. To help prevent common mistakes that often lead to paperwork rejection, follow along with the **3 checkboxes below** as you complete your form.
2. All forms should be the current form from https://www.opm.gov/forms/pdf_fill/sf3102.pdf
3. All signatures on this document must be made by hand. Print the form in order to sign.
4. If you make a mistake, please print and complete a new form. Forms submitted that have white-out or cross-out errors will be automatically rejected.
5. After completing, deliver the form via paper mail to Human Capital Service Center (HCSC):

   Address to:
   TSA HCAccess HCSC
   6363 Walker Lane, Suite 400,
   Alexandria, VA 22310

❑ A) Did you remember to fill out the following **mandatory** fields?

- Name
- Date of Birth
- SSN

Have you filled out at least two of the below?

- Department/agency
- Bureau
- Division
- Location

❑ B) If you'd like to designate a contingent beneficiary, have you used the exact language "if living, otherwise to"? If you're not using contingent beneficiaries, skip this check.

If you have only designated one beneficiary, did you indicate they should receive 100% of the benefits? OR if you have multiple or contingent beneficiaries, does the total of the column equal 100%? Remember to use the exact language "if living, otherwise to."

Example:

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
Jane Doe, if living	**6363 Walker Lane, Suite 400, Alexandria, VA 22310**	**Mother**	**100%**
Otherwise to: John Doe	**6464 Walker Lane, Suite 500, Alexandria, VA 22310**	**Uncle**	**100%**

Ensure you sign and date by hand. No electronic signatures are permitted.

❑ C) Witnesses cannot be beneficiaries. Did you find two witnesses that are not listed to receive benefits on this form?

FERS
Federal Employees Retirement System

Designation of Beneficiary

Federal Employees Retirement System

Form Approved
OMB No. 3206-0173

Important:
Read all instructions before filling in this form

A. Identification

Name *(Last, first, middle)*	Date of birth *(mm/dd/yyyy)*	Social Security Number

Place an "X" in the appropriate box: ☐ An employee ☐ Retired or an applicant for retirement ☐ Former employee eligible for retirement in the future

If you are retired give your claim number

Department or agency in which presently employed *(or former department or agency)*:

Department or agency	*Bureau*	*Division*	*Location (City, state and ZIP code)*

I, the individual identified above, designate the beneficiary or beneficiaries named below to receive any lump-sum benefit which may become payable under the Federal Employees Retirement System (FERS) after my death, including lump-sum death benefits which may become payable based on amounts contributed to the Civil Service Retirement System (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 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.

B. Information Concerning The Beneficiaries (See Examples of Designations):

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

C. Witnesses (A witness is not eligible to receive 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 witnesses are designated as beneficiaries.

Date received by agency *(mm/dd/yyyy)*	*Signature*	*Date (mm/dd/yyyy)*

❶ 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 two 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.

❷ We will write to the address you provide here to contact the person you designate. However, that person is obligated to get in touch with us after your death to ask us to make payment.

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 employee leaves Federal service and then send to the Office of Personnel Management [OPM].)

Important - The filing of this form will completely cancel any Designation of Beneficiary under the Federal Employees Retirement System or under the Civil Service Retirement 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

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 12/18/1999, 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			

Questions about this form?

Please contact the HCAccess Help Desk by phone at 1–877–872–7990, by fax at 1-877-872-7993, or by email at this link. Live agents are available 7:00 a.m. to 10:00 p.m. Eastern Standard Time (EST) Monday through Friday, excluding Federal holidays, with additional hours for recruitment calls only from 11:00 a.m. to 3:00 p.m. EST Saturday and 12:00 p.m. to 4:00 p.m. EST Sunday.

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Federal Employees Retirement System

Designation of Beneficiary

Federal Employees Retirement System

Form Approved
OMB No. 3206-0173

Important:
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A. Identification

Name *(Last, first, middle)*	Date of birth *(mm/dd/yyyy)*	Social Security Number
Place an "X" in the appropriate box: ☐ An employee ☐ Retired or an applicant for retirement ☐ Former employee eligible for retirement in the future		If you are retired give your claim number

Department or agency in which presently employed *(or former department or agency)*:

Department or agency	*Bureau*	*Division*	*Location (City, state and ZIP code)*

I, the individual identified above, designate the beneficiary or beneficiaries named below to receive any lump-sum benefit which may become payable under the Federal Employees Retirement System (FERS) after my death, including lump-sum death benefits which may become payable based on amounts contributed to the Civil Service Retirement System (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 or I receive payment of my FERS retirement contributions.

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B. Information Concerning The Beneficiaries (See Examples of Designations):

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

C. Witnesses (A witness is not eligible to receive 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 witnesses are designated as beneficiaries.

Date received by agency *(mm/dd/yyyy)*	*Signature*	*Date (mm/dd/yyyy)*

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