



Designation of Beneficiary

Civil Service and Federal Employees Retirement Systems

Important: Read all instructions before filing this form.



A. Identification

Name (last, first, middle) MAGEE, JULIE K		Date of birth (mm/dd/yyyy) 10/03/1967	Social security number
Place an "X" in the appropriate box: →	<input type="checkbox"/> An employee	<input checked="" type="checkbox"/> Retired or an applicant for retirement	<input type="checkbox"/> Former employee eligible for retirement in the future
			If you are retired, give your claim number CSA
Department or agency in which presently employed (or former department or agency): Department or agency EPA		Name of your retirement system <input type="checkbox"/> CSRS <input checked="" type="checkbox"/> FERS	
		Location (city, state and ZIP code) Chicago, IL 60604	

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
Thomas M. Magee	220 East Bauer Road Naperville, IL 60563	Husband	
Mathew J. Magee	2309 SW Parkway Lane Ankeny, IA 50023	Son	
Emily K. Magee	220 East Bauer Road Naperville, IL 60563	Daughter	
Date of designation (mm/dd/yyyy)	Your signature		Total = 100%

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 (Apt/House/Suite Number and Street Name Only) Address (City, State, and ZIP code)	
Signature of witness	Address (Apt/House/Suite Number and Street Name Only) Address (City, State, and 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.

**MAGEE, JULIE K
220 E BAUER RD
NAPERVILLE, IL 60563-2732**

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.