

Smithsonian Institution
DESIGNATION OF BENEFICIARY
UNPAID COMPENSATION OF
DECEASED TRUST FUND EMPLOYEE

IMPORTANT

Read instructions on back
of duplicate before
filling in this form

INFORMATION CONCERNING THE EMPLOYEE:

NAME (Last)	(First)	(Middle)	Date of Birth (Month, day, year)
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Employer Name

(Bureau)

(Division)

I, the employee named above, canceling any and all previous Designations of Beneficiary heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any UNPAID COMPENSATION due and payable after my death. I understand that this Designation of Beneficiary relates solely to money due for unpaid annual leave amounts and unpaid wages, and in nowise will affect the disposition of any benefit which may become payable under the Trust Fund Retirement and Group Life Insurance Plans. I further understand that this Designation of Beneficiary will remain in full force and effect until expressly changed or revoked by me in writing.

INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES:

Type or print first name, middle initial and last of each beneficiary	Type or print address (including ZIP Code) 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 who may predecease me shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. 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 a designation of beneficiary at any time, by notifying the Office of Human Resources in writing and by executing a New "Designation of Beneficiary" form.

(Date of execution- month, day, year)

(Signature of employee)

WITNESSES TO SIGNATURE:

(Signature of Witness)

(Number and street)

(City, State, and ZIP Code)

(Signature of Witness)

(Number and street)

(City, State, and ZIP Code)

PRINT OR TYPE NAME AND ADDRESS (INCLUDING ZIP CODE) OF EMPLOYEE

THIS SPACE RESERVED FOR RECEIVING DATA OF EMPLOYER

(Indicate date and by whom received)

DELIVER BOTH COPIES TO THE PROPER OFFICER OF YOUR EMPLOYER - DUPLICATE WILL BE NOTED AND RETURNED

IMPORTANT NOTICE - Order of Precedence

If there is no designated beneficiary living, any unpaid compensation which becomes payable after the death of an employee will be payable to the first person or persons listed below who are alive on the date title to the payment arises.

1. To widow or widower.
2. If neither the above, to the child or children in equal shares, with the share of any deceased child distributed among the descendants of that child.
3. If none of the above, to the parents in equal shares or the entire amount to the surviving parent.
4. If there be none of the above, to the duly appointed legal representative of the estate of the deceased employee, or if there be none, to the person or persons determined to be entitled thereto under the laws of the domicile of the deceased employee.

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

INSTRUCTIONS

1. The examples printed on the back of the first page of this form may be helpful in executing the Designation of Beneficiary.
2. All entries on the form except signatures should be typed or printed in ink (typewriting preferred). All designations of beneficiary or beneficiaries should be executed on the prescribed form of Designation of Beneficiary, and must be signed and witnessed.
3. Complete the form in duplicate and file with your employer. A Designation of Beneficiary must be received by your employer prior to the death of the designating employee to be valid. The duplicate will be noted and returned to the employee as evidence that the original has been received and filed. It is suggested that the duplicate be filed with the employee's important papers.
4. Cancellation of a prior Designation of Beneficiary may be effected with the naming of a new beneficiary by executing a new Designation of Beneficiary, and inserting in the space provided for name of beneficiary the words, "Cancel prior designations." The effect of this action will require payment to be made in the order of precedence stated above.
5. A designation will remain valid until expressly changed or revoked. It is not necessary to file a new designation where the name or address of the employee or of beneficiary is changed.
6. A designation free of erasures or alterations should be filed in order to avoid a possible contest after death.
7. In the absence of the prescribed form, any designation, change, or cancellation of beneficiary witnessed and filed in accordance with the general requirements of these instructions shall be acceptable.