Standard Form 1152
(Rev. 11–91)
Title 4, GAO Manual
1152–108

NSN 7540–00–634–4340

DESIGNATION OF BENEFICIARY

UNPAID COMPENSATION OF DECEASED CIVILIAN 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)
			Social Security Number

DEPARTMENT OR AGENCY IN WHICH EMPLOYED

(Department or agency) (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 as defined in 5 U.S.C. 5581, 5582, 5583, and in no way will affect the disposition of any benefit which may become payable under the Retirement or Group Life Insurance Acts applicable to my Government service. I further understand that this Designation of Beneficiary will remain in full force and effect until (1) expressly changed or revoked by me in writing, (2) I transfer to another agency, or (3) I am reemployed by the same or another department or agency of the Government.*

INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES:

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

I hereby direct, unless otherwise indicated above, that, if more than one beneficiary is named, the share for 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 any designation of beneficiary, at any time, in the manner and form prescribed by the Comptroller General of the United States, and without knowledge or consent of the beneficiary.

(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 EMPLOYING AGENCY

(Indicate date and by whom received)

DELIVER BOTH COPIES TO THE PROPER OFFICER OF YOUR AGENCY—DUPLICATE WILL BE NOTED AND RETURNED

IMPORTANT—The filing of this form will completely cancel any designation you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any unpaid compensation 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 (including ZIP Code) of each beneficiary	Relationship	Share to be paid to each beneficiary
Catherine M. Jackson*	2808 Southern Avenue Williams, Indiana 46728	Sister	All

How To Designate More Than One 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
Susan L. Brown**	110 Prince Street Anniston, New York 14607	Aunt	One-fourth
Mary Joe Carson	230 Duke Street Anniston, New York 14607	Niece	One-fourth
Elizabeth H. Howard	2301 State Street Weaver, Ohio 44405	Mother	One-half

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
William J. Johnson, if living	244 South Ann Street Olney, Georgia 31204	Father	All
Otherwise to: Sarah L. Johnson	244 South Ann Street Olney, Georgia 31204	Sister	All

How To Cancel a Designation of Beneficiary so That Amount Due Will Be Payable as Provided in the Law

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			

*Do not write name as C. M. Jackson or as Mrs. John H. Jackson.

**Be sure that the shares to be paid to the several beneficiaries add up to 100 percent.

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IMPORTANT

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INFORMATION CONCERNING THE EMPLOYEE:

NAME (Last)	(First)	(Middle)	DATE OF BIRTH (month, day, year)
			Social Security Number

DEPARTMENT OR AGENCY IN WHICH EMPLOYED

(Department or agency) (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 as defined in 5 U.S.C. 5581, 5582, 5583, and in no way will affect the disposition of any benefit which may become payable under the Retirement or Group Life Insurance Acts applicable to my Government service. I further understand that this Designation of Beneficiary will remain in full force and effect until (1) expressly changed or revoked by me in writing, (2) I transfer to another agency, or (3) I am reemployed by the same or another department or agency of the Government.*

INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES:

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

I hereby direct, unless otherwise indicated above, that, if more than one beneficiary is named, the share for 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 any designation of beneficiary, at any time, in the manner and form prescribed by the Comptroller General of the United States, and without knowledge or consent of the beneficiary.

(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 EMPLOYING AGENCY

(Indicate date and by whom received)

DELIVER BOTH COPIES TO THE PROPER OFFICER OF YOUR AGENCY—DUPLICATE WILL BE NOTED AND RETURNED

DUPLICATE

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 the widow or widower.

2. If neither of 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 are 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 a beneficiary or beneficiaries should be executed on the prescribed form, Designation of Beneficiary, Standard Form 1152, and must be signed and witnessed.

3. Complete the form in duplicate and file with the agency in which employed. A Designation of Beneficiary must be received by the employing agency 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 without the naming of a new beneficiary by executing a new Designation of Beneficiary, Standard Form 1152, 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, until the employee transfers to another agency, or until reemployed by the same or another department or agency of the Government. In case of separation and reemployment, or transfer to another agency, a new Designation of Beneficiary should be executed if the order of precedence established by the act is not acceptable. It is not necessary to file a new designation when the name or address of the employee or the 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.

This Designation of Beneficiary form is to be used solely for the disposition of unpaid compensation at death of a civilian employee and is not to be confused with Standard Form 2808, Designation of Beneficiary, Civil Service Retirement System, or Standard Form 2823, Designation of Beneficiary, Federal Employees' Group Life Insurance Program.