

## DESIGNATION OF BENEFICIARY

Name of Employee \_\_\_\_\_  
(Last)                      (First)                      (Middle)                      Social Security No.

I, the employee identified above, hereby revoke any previous designations by me of primary beneficiary(ies) and contingent beneficiary(ies) (if any), and I hereby designate the following as primary beneficiary(ies) and contingent beneficiary(ies) (if any) in the event of my death, of my funds payable to me by virtue of the following: group life insurance, travel insurance, unpaid compensation, and any other entitlement that I may have as an employee of the General Secretariat of the Organization of American States (except Retirement and Pension Plan benefits).

### Primary Beneficiary Designation

Full Name (Last, First, & Middle Initial)	Relationship	Date of Birth	Address (Street, City, State, Zip Code, Country)	Share %
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Payment will be made in equal shares or all to the survivor unless otherwise indicated. **TOTAL 100%**

In the event said primary beneficiary(ies) predeceases(s) me, I designate as contingent beneficiary(ies) the following:

### Contingent Beneficiary Designation

Full Name (Last, First, & Middle Initial)	Relationship	Date of Birth	Address (Street, City, State, Zip Code, Country)	Share %
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Payment will be made in equal shares or all to the survivor unless otherwise indicated. **TOTAL 100%**

I reserve the right to change the designated beneficiary(ies) at any time without his/her/their consent.

_____	_____	_____	_____	_____
Street Address	City	State	Zip Code	Telephone No.

_____	_____
Signature of Employee	Date Signed

**WITNESSES:**

_____	_____
Full Name (printed) and Signature	Address
_____	_____
Full Name (printed) and Signature	Address

## GENERAL BENEFICIARY INFORMATION

You may find the following definitions helpful in completing your Designation of Beneficiary Form.

**Primary Beneficiary:** Your primary beneficiary should be the individual(s) and/or organization(s) that you wish to receive the funds indicated. You may have the proceeds divided among several primary beneficiaries. To do this, you must indicate what percentage you would like each of them to receive. Your total shares must equal 100%.

**Contingent Beneficiary:** Your contingent beneficiary should be the individual(s) and/or organization(s) that you wish to receive the funds indicated in the event that your primary beneficiary(ies) (see definition above) dies before you die. You may have the proceeds divided among several contingent beneficiaries. To do this, you must indicate what percentage of the proceeds you would like each of them to receive. Your total shares must equal 100%.

### Instructions for Completing the Designation of Beneficiary

1. Fill in your full name and Social Security Number at the top of the form.
2. Fill in your Primary Beneficiary(ies) and your Contingent Beneficiary(ies) if any. For each Primary Beneficiary and each Contingent Beneficiary listed, enter the relationship of that person or entity to you (when the relationship to you of the beneficiary is not by either blood or marriage, the relationship should be shown as “Nonrelative”), date of birth, address and the percentage of the share that you want each person or entity to receive (all shares must add up to 100%).
3. Fill in your address and telephone number at the bottom of the form, and date and sign the form before two Witnesses, who should also sign the form in the spaces provided.
4. Give the completed form to GS/OAS' Department of Human Resources. But, first, make a signed copy for yourself and retain a copy for your records

If you die and a minor (a person not of legal age) or your estate is your beneficiary, it will be necessary to have a guardian or an administrator appointed before any death benefits can be paid to either of them. Please take this into consideration when naming your beneficiary(ies).

The funds indicated will be paid on your death to the person/s designated by you on this form, regardless of whether you have a will. A will may also be important or advisable, for the purpose of disposing of other assets, appointing a guardian for your children, designating an executor of your estate, making specific legacies, or expressing your wishes regarding other matters.

It is important that you review your designation of beneficiary periodically to ensure that the beneficiary information that you have supplied is up to date. You may change or revoke your designation of beneficiary at any time by completing a new Designation of Beneficiary Form. Once you complete a new Designation of Beneficiary Form, it should be delivered to GS/OAS' Department of Human Resources.