



## BENEFICIARY ADDRESS AND MARITAL STATUS DESIGNATION AND CHANGE FORM

Supporting Directive BUPERSINST 5300.10A

PRIVACY ACT STATEMENT: SECTION 5 OF THE UNITED STATES CODE 552A(B), AUTHORIZES COLLECTION OF THIS INFORMATION. THE INFORMATION YOU SUPPLY WILL BE USED TO MANAGE AND ADMINISTER BENEFIT PROGRAMS FOR NON-APPROPRIATED FUND (NAF) DEPARTMENT OF THE NAVY PERSONNEL. COLLECTION OF THIS INFORMATION IS AUTHORIZED BY EXECUTIVE ORDER 9397 AND 5 U.S.C. SECTION 301. FURNISHING THE INFORMATION ON THIS FORM, INCLUDING YOUR SOCIAL SECURITY NUMBER AND OTHER PERSONAL INFORMATION, IS VOLUNTARY. HOWEVER, FAILURE TO PROVIDE THE INFORMATION MAY DELAY OR PREVENT ADMINISTRATION OF BENEFIT FUNCTIONS.

**NAME:** \_\_\_\_\_ **SEX:**  MALE  FEMALE

**STREET ADDRESS:** \_\_\_\_\_ **CITY, STATE, ZIP CODE:** \_\_\_\_\_

**ACTIVITY NAME AND LOCATION:** \_\_\_\_\_

**DATE OF BIRTH (MM/DD/YYYY):** \_\_\_\_\_ **SSN:** \_\_\_\_\_ **MARITAL STATUS:**  SINGLE OR LEGALLY SEPARATED  
 MARRIED  DIVORCED

**A. LIFE INSURANCE:**  
**CURRENT COVERAGE:** BASIC LIFE  YES  NO  
 OPTION A (1 TIME)  YES  NO  
 OPTION B (2 TIMES)  YES  NO

NAME	RELATIONSHIP	ADDRESS	SSN	DOB	PERCENT

**B. SAVINGS PLAN:**  
 CURRENT PARTICIPATION PERCENT \_\_\_\_\_ (ENTER ZERO IF NOT PARTICIPATING)

**SAVINGS PLAN (401K) BENEFICIARY**

NAME	RELATIONSHIP	ADDRESS	SSN	DOB	PERCENT

**C. RETIREMENT PLAN:**  
 CURRENTLY PARTICIPATING  YES  NO

**RETIREMENT PLAN BENEFICIARY**

NAME	RELATIONSHIP	ADDRESS	SSN	DOB	PERCENT

WERE ADDITIONAL PAGES ADDED TO THIS FORM?  YES  NO IF YES, HOW MANY? \_\_\_\_\_

**EMPLOYEE'S SIGNATURE:** \_\_\_\_\_

**D. UNPAID COMPENSATION BENEFICIARY:**

NAME	RELATIONSHIP	ADDRESS	SSN	DOB	PERCENT

**PAGE 2 MUST BE COMPLETED**

**BENEFICIARY ADDRESS AND MARITAL STATUS  
DESIGNATION AND CHANGE FORM (CONTINUED)**

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**E. SPOUSE WAIVER:**

IF YOU ARE MARRIED AND HAVE NOT ELECTED YOUR SPOUSE AS THE PRIMARY BENEFICIARY ON ALL OF THE ABOVE PLEASE HAVE YOUR SPOUSE PROVIDE CONSENT BELOW.

SPOUSAL CONSENT: I UNDERSTAND THAT I HAVE A RIGHT TO BE DESIGNATED AS THE PRIMARY BENEFICIARY IN ALL OF THE ABOVE. I CONSENT TO WAIVE THAT RIGHT IN ACCORDANCE WITH THE BENEFICIARY DESIGNATIONS SET FORTH ABOVE. I FURTHER UNDERSTAND AND ACKNOWLEDGE THAT IF I SIGN THIS FORM THAT I WILL NOT RECEIVE ANY BENEFITS OTHER THAN THOSE DESIGNATED ABOVE IF ANY.

SPOUSE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**F. EMERGENCY CONTACT INFORMATION: THE FOLLOWING INDIVIDUAL(S) ARE TO BE CONTACTED IN CASE OF EMERGENCY.**

NAME	STREET ADDRESS	CITY, STATE, ZIP	HOME PHONE	WORK PHONE
PRIMARY				
SECONDARY				

G. THE INFORMATION ON THIS FORM IS:  INITIAL DESIGNATION  
 CHANGE OF:  EMPLOYEE NAME  EMPLOYEE SSN  EMPLOYEE DOB  
 EMPLOYEE ADDRESS  EMPLOYEE MARITAL STATUS  BENFICIARY

If a change of address, what was the old address:  
 STREET ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

**H. EMPLOYEE SIGNATURE:**

I UNDERSTAND THAT THIS DESIGNATION SUPERSEDES ALL PREVIOUS DESIGNATIONS AND THAT IF I HAVE LISTED A MINOR AS BENEFICIARY I HAVE MADE ANY LEGAL ESTATE ARRANGEMENTS REQUIRED BY LAW FOR THIS TO BE ACCEPTABLE. I HEREBY CERTIFY THAT ALL STATEMENTS MADE ON THIS ELECTION ARE TRUE TO THE BEST OF MY KNOWLEDGE.

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**I. WITNESSES:**

THIS FORM IS VALID ONLY IF WITNESSED BY TWO PERSONS. THE WITNESSES MUST BE AGE 21 OR OLDER. (A WITNESS IS NOT ELIGIBLE TO RECEIVE PAYMENT AS A BENEFICIARY)

WE THE UNDERSIGNED, CERTIFY THAT THIS STATEMENT WAS SIGNED IN OUR PRESENCE.

WITNESS SIGNATURE	STREET ADDRESS	CITY, STATE, ZIP	DATE

**J. EMPLOYING PERSONNEL OFFICE CERTIFICATION:**

I HAVE REVIEWED THE DESIGNATION AND CERTIFY THAT THE DESIGNATED SHARES TOTAL 100% AND THAT NO WITNESSES ARE DESIGNATED AS BENEFICIARY.

DATE RECEIVED: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

DATE FILED IN OPF: \_\_\_\_\_

**(ALL SECTIONS OF THE FORM SHALL BE COMPLETED FOR EVERYTHING  
EXCEPT A CHANGE OF ADDRESS)**