

DESIGNATION OF BENEFICIARY

NAF DESIGNATION OF BENEFICIARY
 NAVPERS 5300/13 (10-76)
 S/N 0106-LF-053-0065

**UNPAID COMPENSATION OF
 DECEASED NAFI EMPLOYE**

FOR INDIVIDUAL'S RIGHT UNDER
 PRIVACY ACT, SEE REVERSE SIDE.

INFORMATION CONCERNING THE EMPLOYEE:

NAME	<i>(Last)</i>	<i>(First)</i>	<i>(Middle)</i>	DATE OF BIRTH <i>(Month, Day, Year)</i>
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ACTIVITY

I, THE EMPLOYEE NAMED ABOVE, CANCELLING 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 UNPAID COMPENSATION. 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 A NON BUPERS NAFI, OR (3) I AM REEMPLOYED BY THE SAME OR ANOTHER NAFI NOT UNDER THE COGNIZANCE OF THE CHIEF OF NAVAL PERSONNEL.

INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES:

TYPE OR PRINT FIRST NAME, MIDDLE INITIAL, AND LAST NAME OF EACH BENEFICIARY	TYPE OR PRINT ADDRESS 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 NAME, 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 ANY DESIGNATION OF BENEFICIARY AT ANY TIME AND WITHOUT KNOWLEDGE OR CONSENT OF THE BENEFICIARY.

<i>(DATE OF EXECUTION-MONTH, DAY, YEAR)</i>	<i>(SIGNATURE OF EMPLOYEE)</i>
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WITNESS TO SIGNATURE:

<i>(SIGNATURE OF WITNESS)</i>	<i>(NUMBER AND STREET)</i>	<i>(CITY, STATE, AND ZIP CODE)</i>
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PRINT OR TYPE NAME AND ADDRESS OF EMPLOYEE <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	THIS SPACE RESERVED FOR RECEIVING DATA OF EMPLOYING NAFI <p align="right"><i>(Indicate Date and by Whom Received)</i></p>
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PRIVACY ACT STATEMENT

"AUTHORITY TO REQUEST THIS INFORMATION IS DERIVED FROM TITLE 5 UNITED STATES CODE 301; DEPARTMENTAL REGULATIONS. THE PURPOSE OF THE INFORMATION IS THE DESIGNATION, OR REVOCATION OF A PREVIOUS DESIGNATION, OF A BENEFICIARY FOR ANY UNPAID COMPENSATION WHICH MAY BE DUE A DECEASED EMPLOYEE. THE INFORMATION WILL BE USED IN CONJUNCTION WITH THE PUBLISHED OFFICIAL ORDER OF PRECEDENCE TO DETERMINE THE RECIPIENT OF ANY UNPAID COMPENSATION DUE THE DECEASED EMPLOYEE. THE INFORMATION REQUESTED IS VOLUNTARY IN NATURE. FAILURE TO PROVIDE ALL REQUESTED INFORMATION MAY RESULT IN THE DISTRIBUTION OF UNPAID COMPENSATION IN ACCORDANCE WITH THE ORDER OR PRECEDENCE, DISTRIBUTION OF UNPAID COMPENSATION IN A MANNER NOT IN CONSONANCE WITH THE DECEASED EMPLOYEES WISHES, OR DELAYS IN THE DETERMINATION OF THE PROPER BENEFICIARY."

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 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 THERE TO 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 BELOW MAY BE HELPFUL IN EXECUTING THE DESIGNATION OF BENEFICIARY.
2. ALL ENTRIES ON THE FORM EXCEPT SIGNATURES SHOULD BE TYPED OR PRINTED IN INK (TYPEWRITER PREFERRED). ALL DESIGNATIONS OF BENEFICIARY OR BENEFICIARIES SHOULD BE EXECUTED ON THE PRESCRIBED FORM OF DESIGNATION OF BENEFICIARY, NAVPERS 5300/13 AND MUST BE SIGNED AND WITNESSED.
3. COMPLETE THE FORM IN DUPLICATE AND FILE WITH THE NAFI IN WHICH EMPLOYED. A DESIGNATION OF BENEFICIARY MUST BE RECEIVED BY THE EMPLOYING NAFI 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, NAVPERS 5300/13 AND INSERTING IN THE SPACE PROVIDED FOR NAME OF BENEFICIARY THE WORDS, "CANCEL PRIOR DESIGNATION." 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 A NON BUPERS NAFI OR UNTIL REEMPLOYED BY THE SAME OR ANOTHER NAFI NOT UNDER THE COGNIZANCE OF CHNAVPERS. IN CASE OF SEPARATION AND REEMPLOYMENT OR TRANSFER TO ANOTHER NON BUPERS NAFI, A NEW DESIGNATION OF BENEFICIARY SHOULD BE EXECUTED IF THE ORDER OF PRECEDENCE ESTABLISHED IS NOT ACCEPTABLE. 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.

THIS DESIGNATION OF BENEFICIARY FORM IS TO BE USED SOLEY FOR THE DISPOSITION OF UNPAID COMPENSATION AT DEATH OF A CIVILIAN EMPLOYEE AND DOES NOT APPLY TO BUPERS NON APPROPRIATE FUND RETIREMENT PLAN OR GROUP INSURANCE PLANS.