

DESIGNATION OF BENEFICIARY (NOT applicable for Group Insurance and Retirement Annuity Beneficiaries)

FOR UNPAID COMPENSATION OF DECEASED CIVILIAN EMPLOYEE

SS/238 (Rev. 12-79)

3ND PPSO 13680

IMPORTANT: Read instructions on back before filling in this form. All entries (except signatures) must be typed or printed in ink. Deliver two (2) copies of this form to Personnel Officer of your exchange.

EMPLOYEE'S LAST NAME	FIRST	MIDDLE	DATE OF BIRTH (Mo., Day, Yr.)
NEXT LOCATION			SOCIAL SECURITY NUMBER

I, the employee identified 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 under existing law after my death. I understand that this Designation of Beneficiary relates solely to Unpaid Compensation, and in no wise will affect the disposition of any benefit which may become payable under a Group Insurance or Retirement Plan applicable to my service. I further understand that this Designation of Beneficiary will remain in full force and effect, unless cancelled by me in writing, as long as I am continuously employed in the Navy Resale System.

IMPORTANT INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES (See examples on back) *The filing of this form will 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.*

FIRST NAME, MIDDLE INITIAL, AND LAST NAME OF EACH BENEFICIARY	ADDRESS OF EACH BENEFICIARY	RELATIONSHIP	AGE	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 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 Commander, Navy Resale and Services Support Office, and without knowledge or consent of the beneficiary.

DATE _____ SIGNATURE OF EMPLOYEE _____

WITNESS TO SIGNATURE

SIGNATURE OF WITNESS	ADDRESS (Number and street)	CITY, ZIP CODE AND STATE
1.		
2.		

THIS SPACE FOR OFFICE USE ONLY

PRINT OR TYPE NAME AND ADDRESS OF EMPLOYEE	DATE FORM RECEIVED
	BY WHOM

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 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. 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.

2. You may cancel a prior Designation of Beneficiary without naming a new beneficiary by executing a new Designation of Beneficiary, Form SS/238, and inserting in the space provided for name of beneficiary the words, "Cancel Prior Designations." Payment will then be made in the order of precedence stated above.

3. A designation will remain valid only as long as the employee remains continuously employed in the Navy Resale System.

4. A designation free of erasures or alterations should be filed in order to avoid a possible contest after death.

5. 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 will be acceptable.

6. All designations of beneficiary or beneficiaries must be signed and witnessed.

EXAMPLES IF DESIGNATION

FIRST NAME, MIDDLE INITIAL, AND LAST NAME OF EACH BENEFICIARY	ADDRESS OF EACH BENEFICIARY	RELATIONSHIP	AGE	SHARE TO BE PAID TO EACH BENEFICIARY
How to designate one beneficiary				
MARY F. JONES	123 BROOKS AVE. ROME, N.Y.	WIFE	32	ALL
How to designate more than one beneficiary*				
ROSE D. TERMAN	90 OAK DRIVE, ROME, N.Y.	SISTER	45	ONE-FOURTH
MARY P. JONES	123 BROOKS AVE, ROME, N.Y.	WIFE	32	ONE-HALF
WILLIAM T. JONES	123 BROOKS AVE, ROME, NY.	SON	10	ONE-FOURTH
How to designate a contingent beneficiary				
MARY F. JONES	123 BROOKS AVE, ROME, N.Y.	WIFE	32	ALL
OTHERWISE TO				
WILLIAM T. JONES	123 BROOKS AVE, ROME, N.Y.	SON	10	ALL

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