

## DESIGNATION OF BENEFICIARY FOR UNPAID COMPENSATION

*-Form NOT applicable to any other benefit entitlement designation.-*

**IMPORTANT:** Read instructions and examples on Pages 3 and 4 before completing this form. All entries must be typed or printed in ink. Signatures may be written in ink or e-signed with Common Access Card (CAC) authentication. Deliver this form to your local Human Resources Office.

The completion of this form will cancel any Designation you may have previously filed. Be sure to list all persons you wish to designate as beneficiaries of any unpaid compensation payable in the event of your death on this form.

ASSOCIATE'S FIRST NAME	MIDDLE NAME	LAST NAME
WORK LOCATION	DATE OF BIRTH (MM/DD/YY)	SOCIAL SECURITY NUMBER

I, the employee identified above, canceling any and all previous Designations of Beneficiary hereto 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 way 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 canceled by me in writing, as long as I am continuously employed by the NEXCOM Enterprise.

### BENEFICIARY INFORMATION:

FIRST NAME, MIDDLE INITIAL, LAST NAME	SOCIAL SECURITY NUMBER	ADDRESS	RELATIONSHIP	AGE	SHARE PAID PER BENEFICIARY

**BENEFICIARY INFORMATION (cont.):**

FIRST NAME, MIDDLE INITIAL, LAST NAME	SOCIAL SECURITY NUMBER	ADDRESS	RELATIONSHIP	AGE	SHARE PAID PER 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 specially reserve the right to cancel or change any designation of beneficiary at any time in a manner and form prescribed by the Chief Executive Officer, NEXCOM Enterprise and without knowledge or consent of the beneficiary.

<b>ASSOCIATE'S SIGNATURE</b>	<b>DATE</b>

Privacy Act of 1974 (PL 93-579) amending Title 5, United States Code, to provide certain safeguards against an invasion of personal privacy of individuals identified in information systems, including personnel records systems, maintained by Federal agencies. These safeguards consist of regulating the collections, maintenance, use and dissemination of information contained in such systems by Federal agencies. The law further provides for notification of the existence of personal information systems, individual access and amendment of personal records, and conditions under which information from such records may be disclosed.

<b>HUMAN RESOURCES SIGNATURE</b>	<b>DATE RECEIVED</b>

## DESIGNATION OF BENEFICIARY INSTRUCTIONS

### IMPORTANT NOTICE:

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 entitlement payment arises.

1. To the widow or widower.
2. If none 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 none of the above, to the duly appointed legal representative of the estate of the deceased employee, or if there are 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 an employee to designate a beneficiary unless the associate wishes to name a person or persons not included above, or in a different order.

### INSTRUCTIONS:

1. A Designation of Beneficiary Form must be received by the employing NEXCOM Enterprise activity prior to the death of the designating employee in order to be valid. The form will be noted and a copy returned to the employee as evidence that the original has been received and filed. It is suggested that the copy be filed with your important papers/documents.
2. You may cancel a prior Designation of Beneficiary without naming a new beneficiary by executing a new Designation of Beneficiary, NEXCOM Form 12870/1, 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 by NEXCOM.
4. 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.
5. All designations of beneficiary or beneficiaries must be signed and witnessed.

## DESIGNATION OF BENEFICIARY EXAMPLES

### EXAMPLE OF **ONE** (1) BENEFICIARY:

FIRST NAME, MIDDLE INITIAL, LAST NAME	SOCIAL SECURITY NUMBER	ADDRESS	RELATIONSHIP	AGE	SHARE PAID PER BENEFICIARY
Mary F. Jones	111-22-3333	123 Brooks Ave. Rome, NY 72556	Wife	32	ALL

### EXAMPLE OF **MULTIPLE** BENEFICIARIES:

FIRST NAME, MIDDLE INITIAL, LAST NAME	SOCIAL SECURITY NUMBER	ADDRESS	RELATIONSHIP	AGE	SHARE PAID PER BENEFICIARY
Rose D. Thompson-Blankenship	111-33-2222	2620 Woodpecker Ave. Brooklyn, NY 72556	Wife	52	One-half
Jackson M. Blankenship	222-11-3333	325 Bridgewater Rd. Apt. 3C Springfield, IL 55665	Son	28	One-quarter
Christopher P. Eichmann	333-22-1111	9845 Lee Price Pl. Norfolk, VA 23456	Brother	58	One-quarter

### EXAMPLE OF **CONTINGENT** BENEFICIARY:

FIRST NAME, MIDDLE INITIAL, LAST NAME	SOCIAL SECURITY NUMBER	ADDRESS	RELATIONSHIP	AGE	SHARE PAID PER BENEFICIARY
Mary F. Jones	111-22-3333	123 Brooks Ave. Rome, NY 72556	Wife	32	ALL
OTHERWISE TO					
William T. Jones	444-33-2222	123 Brooks Ave. Rome, NY 72556	Son	8	ALL