

**TESTAMENTARY TRUSTEE DESIGNATION  
FOR FEDERAL EMPLOYEES' GROUP LIFE INSURANCE**

*(Trust That An Employee Creates at Death by His//Her Will)*

This form is to be attached to and made part of designation of beneficiary dated \_\_\_\_\_.

Name of Insured:

SSN:

I request that the amount payable under the FEDERAL EMPLOYEES' GROUP LIFE INSURANCE PROGRAM (Proceeds) to be paid to the Trustee(s) or Successor Trustee(s) as provided under my Last Will and Testament, and I further request that in the case of the failure of said Trustee to be appointed as such or to qualify as such by reason of non-probate of any Will to that effect or for any other reason whatsoever, the Proceeds shall be paid to:

Name	Address	Relationship	Share

The Office of Federal Employees' Group Life Insurance (OFEGLI) shall not be responsible for the application or disposition of the proceeds by said Trustee and the receipt by said Trustee shall fully discharge OFEGLI's liability under the FEDERAL EMPLOYEES' GROUP LIFE INSURANCE PROGRAM.

Signature of Insured/Assignee

(Only the Insure/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)

Date of execution (Month, day, year)

**TWO WITNESSES TO SIGNATURE  
(A WITNESS IS NOT ELIGIBLE FOR RECEIVE PAYMENT AS A BENEFICIARY)**

Signature of witness	Number and street address	City, state and ZIP code
Signature of witness	Number and street address	City, state and ZIP code

**RECEIPT BY EMPLOYING OFFICE**

Date of Receipt:

Receiving Agency:

Received By:

## PRIVACY ACT STATEMENT

"Privacy Act Notice. We are authorized to request this information under 5 U.S.C. Chapter 84. Executive Order 9397 authorizes us to ask for your Social Security number, which will be used to identify your account. You are not required by law to provide this information, but if you do not provide it, it may not be possible to process the actions you request on this Web site."