

**INTER VIVOS TRUSTEE DESIGNATION
FOR FEDERAL EMPLOYEES' GROUP LIFE INSURANCE**

(Trust That An Employee Establishes During His/Her Lifetime.)

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 (Name of Trust Agreement)

_____ bearing the date of _____ executed by me.

I further request that in the case of the failure of said Trustee(s) to be appointed as such or to qualify as such for any reason, or the termination for any reason of the trust prior to my death that 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 Insuree/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."