
This application is for use by a beneficiary of the deceased (either by the DS-5002 or order of precedence) applying for benefits which may be payable under one of the Foreign Service retirement systems because of the death of an employee, former employee, or retiree who was covered under the Foreign Service at the time of his/her death or separation from Federal service.

If you need more information or assistance with these forms, please contact the Human Resources Service Center at (866) 300-7149 or (843) 308-5539 (*outside the U.S.*), or send an e-mail to HRSC@state.gov.

Send your completed application to U.S. Department of State, HR Service Center, Building E, 1999 Dyess Avenue, Charleston, SC 29405.

INSTRUCTIONS FOR COMPLETING APPLICATION

Type or print clearly in ink. If you need more space in any section, use a plain piece of paper with your name, date of birth, and Social Security or Individual Taxpayer Identification Number, and the deceased person's name, date of birth and Social Security or Individual Taxpayer Identification Number, written at the top. If you do not know an answer, write "unknown." If you are unsure of information (*for example, if you do not know an exact date*), answer to the best of your ability, followed by a question mark (?).

The following additional information should help you to answer those questions on the application which are not entirely self-explanatory.

SECTION A INFORMATION ABOUT THE DECEASED

- 1 - 6. Self-explanatory.
7. If the deceased was married at the time of death, write name of spouse.

SECTION E CERTIFICATION

1. Sign your name in ink.
- 2 - 6. Self-explanatory

SECTION B INFORMATION ABOUT THE BENEFICIARY

- 1.-2. Self-explanatory.
3. If you are a foreign national, you will need an Individual Taxpayer Identification Number (ITIN) before we can issue an annuity payment. You can obtain an ITIN by completing IRS Form W-7. You can access this form through the Internal Revenue Service at www.irs.gov.
4. Self-explanatory.

SECTION F BENEFICIARY CHECKLIST

Use this section of the application to ensure that all required supporting documentation is attached.

SECTION C INFORMATION CONCERNING OTHER BENEFICIARIES OF THE DECEASED

Self-explanatory.

SECTION D DIRECT DEPOSIT

- 1 - 6. Self-explanatory.



BENEFICIARY APPLICATION FOR DEATH BENEFITS

SECTION A INFORMATION ABOUT THE DECEASED

1. Full Name of the Deceased (<i>Last, First, Middle</i>)		2. Date of Birth (<i>mm-dd-yyyy</i>)
3. Date of Death (<i>mm-dd-yyyy</i>)	4. Full Social Security or Individual Tax Payer Identification Number (Required)	
5. List Any Other Names Used by the Deceased		
6. Deceased Person's Employment Status at Time of Death <input type="checkbox"/> Employee <input type="checkbox"/> Former Employee <input type="checkbox"/> Retiree		
7a. Name of Deceased Person's Former Spouse(s) From All Prior Marriages	7b. How did Each Marriage End <input type="checkbox"/> Divorce/annulment <input type="checkbox"/> Death	7c. Date Marriage Ended (<i>mm-dd-yyyy</i>)
	<input type="checkbox"/> Divorce/annulment <input type="checkbox"/> Death	
	<input type="checkbox"/> Divorce/annulment <input type="checkbox"/> Death	

SECTION B INFORMATION ABOUT THE BENEFICIARY

1. Your Full Name (<i>Last, First, Middle</i>)		2. Your Date of Birth (<i>mm-dd-yyyy</i>)
3. Full Social Security or Individual Tax Payer Identification Number (Required)	4. Beneficiary's Relationship to the Deceased	

SECTION C INFORMATION CONCERNING OTHER BENEFICIARIES OF THE DECEASED

- List below the name, age, etc. of the deceased's widow or widower.
- If no widow or widower survives, list all children of the deceased not named in Item B, and the descendants of any deceased child or children.
- If there are no children or descendants of deceased children, list the parents, brothers, sisters, and descendants of any deceased brothers and sisters. (*Indicate whether the brothers and sisters are of whole or half-blood when both degrees of kinship are involved*).
- If there are no survivors within the degrees indicated in 1, 2, and 3, list the heirs who can inherit from the deceased.

Note: Each applicant has to submit a separate form.

Name	Age	Relationship to deceased	Address

SECTION D DIRECT DEPOSIT

1. Public Law 104-134 requires that most Federal payments on or after July 26, 1996, be paid by direct deposit into a savings or checking account at a financial institution. However, if receiving your payment electronically would cause you a hardship because it would cost you more than receiving your payment by check or you have a disability or geographic, language or literacy barrier, you may receive your payment by check. Therefore, you must select one of the following:

- Please Send Payments by Direct Deposit
- Please Pay me by Check. Please Describe Hardship:

2. Financial Institution Routing Number (You may obtain this number by calling your bank, credit union, or savings institution. We cannot pay by direct deposit without it. We suggest you call your financial institution to verify this number.)

3. Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings	4. Account Number
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5. Name and Address of Your Financial Institution

6. Telephone Number of Your Financial Institution (Including area code)

Special note: If you prefer, you may attach a voided personal check that shows the information requested above, instead of filling in the requested financial institution information. If you attach your personal check, it is especially important that you contact your bank, credit union, or savings institution to confirm that the information on the check is the correct information for direct deposit. (Some institutions, especially credit unions, use different routing numbers on checks.)

SECTION E CERTIFICATION

I hereby certify that all statements made in this application are true to the best of my knowledge and that no evidence relating to the settlement of this claim is withheld. I have read and understand all of the information provided in the instructions to this application.

1. Signature of Beneficiary Named in Section B. (Sign in ink; do not print.)	2. Daytime Telephone Number	3. Date (mm-dd-yyyy)
	4. Best Time to Call You	5. E-mail Address

6. Mailing Address	Warning: Any intentionally false or misleading statement or response you provide in this application is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years or both. (18 USC 1001)
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SECTION F BENEFICIARY'S CHECKLIST

Document Title	Remarks	Attached	Comments
Death Certificate.	Original, certified death certificate required.		
IRS Form W-9, Request for Taxpayer Identification Number and Certification	Required. IRS forms can be located at www.irs.gov .		
IRS Form W-4P, Withholding Certificate for Pension or Annuity Payment	Optional. If this form is not submitted, a 10% federal tax withholding on the lump sum amount payable will be assessed.		

PRIVACY ACT STATEMENT

AUTHORITY	The information is sought pursuant to the Foreign Service Act (22 U.S.C. §3901 et seq. and 22 USC §4041) and E.O. 9397, as amended.
PURPOSE	The information solicited on this form will be used to identify records properly associated with your application for Federal benefits, to obtain additional information if necessary, to determine and allow present or future benefits, and to maintain a uniquely identifiable claim file.
USES	The information on this form may be shared and is subject to verification, via paper, electronic media, or through the use of computer matching programs with the national, state, or local government, or the Social Security Administration in order to determine benefits under their programs, to obtain information necessary for determination or continuation of benefits under this program or to report income for tax purposes. It may also be shared and verified, as noted above with law enforcement agencies when they are investigating a violation or potential violation of civil or criminal law. More information on the Routine Uses for the system can found in the System of Records Notice, State-31, Human Resources Records.
DISCLOSURE	Disclosure of this information, including the Social Security number, is voluntary. Failure to provide the information requested on this form may delay or prevent action on your application.

DS-5022-D

Return paperwork to:

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