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APPROVED FOR RELEASE DATE: 10-Nov-2008

WARNING—Do not fill out this form until you have read the instructions.  
**DESIGNATION OF BENEFICIARY**  
CIA RETIREMENT AND DISABILITY SYSTEM  
Form 3103  
4-65

**A. INFORMATION CONCERNING THE DESIGNATOR**

1. NAME (Last)	(First)	(Middle)	2. DATE OF BIRTH (Month)	(Day)	(Year)	3. DATE OF THIS DESIGNATION (Month)	(Day)	(Year)
CARRANCI	JOHN	E. SR	2	7	22	1	30	80

I, the employee or former employee identified above, canceling any and all previous designations of beneficiary heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any lump-sum benefit which may become payable under the CIA Retirement Act after my death. I understand that this designation of beneficiary will not affect the rights of any survivors who may qualify for annuity benefits after my death, and that this designation will remain in full force and effect unless or until canceled by me in writing.

**B. INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES**

TYPE OR PRINT FIRST NAME, MIDDLE INITIAL, AND LAST NAME OF EACH BENEFICIARY	TYPE OR PRINT ADDRESS OF EACH BENEFICIARY	RELATIONSHIP	SHARE TO BE PAID TO EACH BENEFICIARY
		Son	1/4
		Son	1/4
		Son	1/4
		Son	1/4

I hereby direct, unless otherwise indicated above, that, if more than one beneficiary is named, the share of any deceased beneficiary or beneficiaries who may die before a lump-sum benefit becomes payable shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. If none of the beneficiaries are alive when the lump-sum benefit becomes payable, this designation shall be void.

*[Signature]*  
(SIGNATURE OF DESIGNATOR—DO NOT PRINT)

**C. WITNESSES**

WE, THE UNDERSIGNED, CERTIFY THAT THIS INSTRUMENT WAS SIGNED IN OUR PRESENCE.

1. SIGNATURE OF WITNESS—DO NOT PRINT	NUMBER AND STREET	CITY, ZONE NUMBER, AND STATE
2. SIGNATURE OF WITNESS—DO NOT PRINT	NUMBER AND STREET	CITY, ZONE NUMBER, AND STATE

PRINT OR TYPE YOUR NAME AND ADDRESS TO INSURE YOUR COPY (Reserved for Receiving Stamp of the Office of Personnel)

2 FEB 1970

*[Signature]*

MAIL BOTH COPIES TO THE DIRECTOR OF PERSONNEL, CENTRAL INTELLIGENCE AGENCY, WASHINGTON, D.C. 20505

**IMPORTANT**—The Filing of This Form Completely Cancels Any Designation You May Have Previously Filed. Be Sure To Name in This Form All Persons

**EXAMPLES OF DESIGNATIONS**

**HOW TO DESIGNATE ONE BENEFICIARY**

TYPE OR PRINT FIRST NAME, MIDDLE INITIAL, AND LAST NAME OF EACH BENEFICIARY	TYPE OR PRINT ADDRESS OF EACH BENEFICIARY	RELATIONSHIP	SHARE TO BE PAID TO EACH BENEFICIARY
		Sister	All

Do not write name as S. M. Jones or as Mrs. George L. Jones.

**HOW TO DESIGNATE MORE THAN ONE BENEFICIARY**

TYPE OR PRINT FIRST NAME, MIDDLE INITIAL, AND LAST NAME OF EACH BENEFICIARY	TYPE OR PRINT ADDRESS OF EACH BENEFICIARY	RELATIONSHIP	SHARE TO BE PAID TO EACH BENEFICIARY
		Aunt	One-half
		Cousin	One-fourth
		Cousin	One-fourth

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

**HOW TO DESIGNATE A CONTINGENT BENEFICIARY**

TYPE OR PRINT FIRST NAME, MIDDLE INITIAL, AND LAST NAME OF EACH BENEFICIARY	TYPE OR PRINT ADDRESS OF EACH BENEFICIARY	RELATIONSHIP	SHARE TO BE PAID TO EACH BENEFICIARY
		Niece	All
		Nephew	All

**HOW TO CANCEL A DESIGNATION OF BENEFICIARY**

TYPE OR PRINT FIRST NAME, MIDDLE INITIAL, AND LAST NAME OF EACH BENEFICIARY	TYPE OR PRINT ADDRESS OF EACH BENEFICIARY	RELATIONSHIP	SHARE TO BE PAID TO EACH BENEFICIARY
Cancel Prior Designation			

You may want to cancel a beneficiary you have named if your circumstances change and you want the benefit payable to your wife or husband, children, or parents in that order.