

Part A: Purpose

This form is to be used for payment for an employee's death due to an injury sustained in the line of duty, as stated under Management Instruction (MI) FM-640-2015-2, *Payment of Death Gratuity*.

Part B: Deceased Employee Information

Instructions: This section is to be filled out by the area vice president (AVP) or appropriate Headquarters (HQ) vice president.

Deceased Employee's Name (*Last, First, MI*): _____

Date of Birth: ____/____/____

Employee Identification Number: _____

Date of Death: ____/____/____

Finance Number: _____

Date of Injury: ____/____/____

Provide a brief description of the injury that resulted in the employee's death:

Postal Service Representative:

Signature: _____ Date: ____/____/____

Name: _____

Part C: Personal Representative Information and Certification

Instructions: The Personal Representative must provide their name, mailing address, telephone number, and Social Security number (SSN) or Estate Taxpayer Identification Number (EIN):

Name: _____

Mailing Address: _____

Telephone Number: () _____ - _____ SSN or EIN: _____ - _____ - _____

I attest that I am the duly appointed Personal Representative of the Deceased Employee's estate as defined in the law. I have attached to this form legal documentation proving my status as Personal Representative.

As the Personal Representative for the Deceased Employee shown above, I am aware that this death gratuity payment is a taxable event — for which I will receive a Form 1099-R in my capacity as personal representative of the Deceased Employee's estate.

I understand that the Postal Service may advance to me, on behalf of the Deceased Employee's estate, a death gratuity under MI FM-640-2015-2 on the condition that it be refunded to the Postal Service should the conditions for the death gratuity not be satisfied. I certify that, before signing this form, I have been provided with a copy of MI FM-640-2015-2 which explains the conditions that must be satisfied for receipt of the death gratuity, that I have been given the opportunity to ask about them, and that I understand them. In my capacity as representative of the Deceased Employee's estate, and on behalf of the Deceased Employee's estate: a) I understand and agree that the estate will refund the death gratuity paid pursuant to MI FM-640-2015-2 if it is determined that the conditions for the death gratuity are not satisfied; and b) I agree to cooperate with the Postal Service in its efforts to confirm that the conditions for the death gratuity have been satisfied.

In addition, if it is determined that I am not the Personal Representative of the Deceased Employee's estate, I understand and agree, in my individual capacity, that I will refund the death gratuity paid to me under MI FM-640-2015-2.

YOUR SIGNATURE MUST BE NOTARIZED

Signature: _____ Date: ____/____/____

STATE OF _____

COUNTY OF _____

SWORN TO AND SUBSCRIBED before me, a NOTARY PUBLIC for the State and County aforesaid, this ____ day of _____, _____.

Notary Public

SEAL

My Commission Expires: _____

Part D: Authorization for Payment by AVP or HQ Vice President

Instructions: This section is to be completed by the AVP or the appropriate HQ vice president. It must then be sent to the address provided below.

Name: _____ Title: _____

Signature: _____ Date: ____/____/____

Amount of Gratuity Payment: \$10,000.00

Date Sent to San Mateo Accounting Service Center: ____/____/____

Sent by: _____

Charge to: GLA # 51273.000 Finance # _____

**MAIL COMPLETED FORM TO
San Mateo ASC Manager Field Payables, 2700 Campus Drive, San Mateo CA 94497-9400**