

- Instructions:**
1. This form cannot be submitted on-line.
 2. Either complete on-line and print or print and complete by hand - print clearly using blue or black ink.
 3. Items marked with asterisk (*) are required fields .
 4. When complete - fax to the number below. Be sure to retain original and the fax receipt for your records.
 5. Effective Date is the date the form is submitted.

* Employee ID	* Contact Phone Number (###) ###-####	* Effective Date (mm/dd/yyyy)
* First Name	Middle Name	* Last Name

1. BENEFICIARY DESIGNATION

In case of death, please send my final payroll check representing any final wages including accrued vacation/PTO/ETO time due to the following beneficiary (ies):				
* Beneficiary Name		* Address 1		
* Relationship	* Phone Number (###) ###-####	* Address 2		
* Percentage - (xxx.xx %)		* City	* State	* ZIP Code
Beneficiary Name		Address		
Relationship	Phone Number (###) ###-####	Address 2		
Percentage - (xxx.xx %)		City	State	ZIP Code
Beneficiary Name		Address		
Relationship	Phone Number (###) ###-####	Address 2		
Percentage - (xxx.xx %)		City	State	ZIP Code



* First Name	Middle Name	* Last Name
* Employee ID	* Contact Phone Number (###) ###-####	* Effective Date (mm/dd/yyyy)

2. CONTINGENT BENEFICIARY(IES)

Contingent Beneficiary Name		Address		
Relationship	Phone Number (###) ###-####	Address 2		
Percentage - (xxx.xx %)		City	State	ZIP Code
Contingent Beneficiary Name		Address		
Relationship	Phone Number (###) ###-####	Address 2		
Percentage - (xxx.xx %)		City	State	ZIP Code
Contingent Beneficiary Name		Address		
Relationship	Phone Number (###) ###-####	Address 2		
Percentage - (xxx.xx %)		City	State	ZIP Code

3. EMPLOYEE SIGNATURE

_____ * Employee Signature	_____ * Date (mm/dd/yyyy)
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