



Designation Of Beneficiaries

Unpaid Compensation of Deceased Employee

Please open the document with Adobe Acrobat DC to complete and sign.

A. Identification		
Name (<i>Last, First Middle</i>)	Date of birth (<i>mm/dd/yyyy</i>)	Social Security Number

I, the employee named above, canceling any and all previous Designation of Beneficiary, heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive my **unpaid compensation** due and payable after my death. I understand that this Designation of Beneficiary will remain in full force and in effect until I expressly change or revoke it in writing.

B. Beneficiaries			
First name, Middle initial, and Last name of each beneficiary.	Address (including zip code) of each beneficiary.	Relationship	Percentage (%) to be paid to each beneficiary.
Date of designation (<i>mm/dd/yyyy</i>)	Your signature		TOTAL %

C. Witnesses (A witness is not eligible to receive payment as beneficiary)		
We the undersigned, certify that this statement was signed in our presence.		
Name of Witness	Signature of Witness	Address (including zip code)
Name of Witness	Signature of Witness	Address (including zip code)

D. Receiving Human Resources Representative Certification.		
I have reviewed this designation and certify that the designated shares equal to 100%, and that no witnesses are designated as beneficiaries.		
Name	Signature	Date