

EMPLOYEE DESIGNATION OF BENEFICIARY to receive any outstanding wages or other monies upon employee's death.

*In the event that upon my death I have wages or other monies due me from the State of Georgia, or Superior Courts of Georgia, by this statement I authorize all such sums to be paid to the following individual whom I hereby designate as my beneficiary of any sums:

Name _____ S.S.# _____

Address _____

First Beneficiary _____

Address _____

Relationship _____ Date of Birth _____
Mo Da Yr

S.S.# _____

Second Beneficiary (If the first beneficiary is deceased) _____

Address _____

Relationship _____ Date of Birth _____
Mo Da Yr

S.S.# _____

Third Beneficiary (If the second beneficiary is deceased) _____

Address _____

Relationship _____ Date of Birth _____
Mo Da Yr

S.S.# _____

Signature (do not print) _____ Date _____

Note: It is the responsibility of the employee to furnish and keep this information current!