

**Department of Citywide Administrative Services
Bureau of Human Resources
1 Centre Street, 17th Fl. No.
New York, N.Y. 10007**

DESIGNATION OF BENEFICIARY (For all employess)

Name (Print)	Social Security Number						
Title	Agency						
<p>UNUSED ANNUAL LEAVE AND ACCRUED OVERTIME BENEFIT AND ACCIDENTAL BENEFIT.</p> <p>1. In accordance with the provisions of Mayor's Executive Order No. 34 dated March 26, 1971, Labor Relations Order No. 74/46 and its successors, and Personnel Order 88/5 and its successors, the lump sum cash payment for accrued leave and accrued compensatory time provided for therein and the Accidental Death Benefit of \$25,000 are to be paid to the following beneficiary or beneficiaries or to my estate as indicated below in the following manner (Fill in 1 below if you want to name a beneficiary other than your estate).</p> <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left; width: 55%;">1. Name and Address of Beneficiary</th> <th style="text-align: left; width: 25%;">Relationship</th> <th style="text-align: left; width: 20%;">% of Benefit</th> </tr> </thead> <tbody> <tr> <td colspan="3" style="padding: 10px 0 10px 40px;"> <p>2. It is my understanding that by not designating a named beneficiary this benefit will be paid to my estate.</p> </td> </tr> </tbody> </table>		1. Name and Address of Beneficiary	Relationship	% of Benefit	<p>2. It is my understanding that by not designating a named beneficiary this benefit will be paid to my estate.</p>		
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<p>2. It is my understanding that by not designating a named beneficiary this benefit will be paid to my estate.</p>							
<p>All previous designated beneficiaries are hereby cancelled and it is directed that payment be made upon my death as specified above.</p>							
<p>_____ Signature of Employee (DO NOT PRINT)</p>	<p>_____ Address of Employee</p>						
<p>_____ Signed at (City, State)</p>	<p>_____ Date Signed</p>						
<p>_____ Signature of Witness (DO NOT PRINT)</p>	<p>_____ Address of Witness</p>						
<p>_____ Signed at (City, State)</p>	<p>_____ Date Signed</p>						
<p>Note: It is your responsibility to submit a new designation of beneficiary whenever changing personal circumstances make a change in beneficiary necessary.</p>							