

DESIGNATION OF BENEFICIARY (For all employees)

Name (Print)	Social Security Number
Title	Agency

UNUSED ANNUAL LEAVE AND ACCRUED OVERTIME BENEFIT AND ACCIDENTAL DEATH BENEFIT

1. In accordance with the provision 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).

<u>1. Name and Address of Beneficiary</u>	<u>Relationship</u>	<u>% Benefit</u>
---	---------------------	------------------

2. It is my understanding that by not designating a named beneficiary this benefit will be paid to my estate.

All previous designated beneficiaries are hereby cancelled and it is directed that payment be made upon my death as specified above.

Signature of Employee (DO NOT PRINT)

Address of Employee

Signed at (City State)

Date Signed

Signature of Witness (DO NOT PRINT)

Address of Witness

Signed at (City State)

Date Signed

NOTE: It is your responsibility to submit a new designation of beneficiary whenever changing personal circumstances make a change in beneficiary necessary.