

**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-collapse: collapse;"> <thead> <tr> <th style="width: 55%; text-align: left;">1. Name and Address of Beneficiary</th> <th style="width: 20%; text-align: left;">Relationship</th> <th style="width: 25%; text-align: left;">% of Benefit</th> </tr> </thead> <tbody> <tr> <td colspan="3" style="padding: 10px;">2. It is my understanding that by not designating a named beneficiary this benefit will be paid to my estate.</td> </tr> </tbody> </table>		1. Name and Address of Beneficiary	Relationship	% of Benefit	2. It is my understanding that by not designating a named beneficiary this benefit will be paid to my estate.				
1. Name and Address of Beneficiary	Relationship	% of Benefit							
2. It is my understanding that by not designating a named beneficiary this benefit will be paid to my estate.									
<p>All previous designated beneficiaries are hereby cancelled and it is directed that payment be made upon my death as specified above.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-top: 1px solid black; padding-top: 5px;">Signature of Employee (DO NOT PRINT)</td> <td style="width: 50%; border-top: 1px solid black; padding-top: 5px;">Address of Employee</td> </tr> <tr> <td style="border-top: 1px solid black; padding-top: 5px;">Signed at (City, State)</td> <td style="border-top: 1px solid black; padding-top: 5px;">Date Signed</td> </tr> <tr> <td style="border-top: 1px solid black; padding-top: 5px;">Signature of Witness (DO NOT PRINT)</td> <td style="border-top: 1px solid black; padding-top: 5px;">Address of Witness</td> </tr> <tr> <td style="border-top: 1px solid black; padding-top: 5px;">Signed at (City, State)</td> <td style="border-top: 1px solid black; padding-top: 5px;">Date Signed</td> </tr> </table> <p>Note: It is your responsibility to submit a new designation of beneficiary whenever changing personal circumstances make a change in beneficiary necessary.</p>		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
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