

## **EMPLOYEE'S DESIGNATION OF BENEFICIARY**

To Receive Any Outstanding Wages or Other Monies Upon the Employee's Death Paid by GDC

In the event of my death, I authorize any wages or other monies due to me from the Georgia Department of Corrections to be paid to the following beneficiary:

FIRST BENEFICIARY \_\_\_\_\_

Address: \_\_\_\_\_

Street                      (P.O.Box or Apt #)                      City                      State                      Zip Code

Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Month                      Day                      Year

Social Security Number: \_\_\_\_\_

SECOND BENEFICIARY \_\_\_\_\_ (If first beneficiary is deceased)

Address: \_\_\_\_\_

Street                      (P.O.Box or Apt #)                      City                      State                      Zip Code

Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Month                      Day                      Year

Social Security Number: \_\_\_\_\_

THIRD BENEFICIARY \_\_\_\_\_ (If first and second beneficiaries are deceased)

Address: \_\_\_\_\_

Street                      (P.O.Box or Apt #)                      City                      State                      Zip Code

Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Month                      Day                      Year

Social Security Number: \_\_\_\_\_

Employee Name: \_\_\_\_\_

(Print Full Name)

SS#: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

**I understand that it is my responsibility to ensure that this information is current and up-to-date.**

Employee SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_