

EMPLOYEE'S DESIGNATION OF BENEFICIARY

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

In the event of my death, I authorize any wages or other monies due 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: _____