

EMPLOYEE DESIGNATION OF BENEFICIARIES to receive any outstanding wages or other monies upon employee's death.

***In the event that upon my death I have wages or other monies due me from the State of Georgia, or the Prosecuting Attorneys' Council of Georgia, by this statement I authorize all such sums to be paid to the following individual whom I hereby designate as my beneficiary of any sums:**

Employee's Name _____ S.S.# _____

Address _____

Signature (do not print) _____ Date _____

Primary Beneficiary(ies)

1.) _____

Address _____

Relationship _____ Date of Birth _____
Mo Da Yr

S.S.# _____

2.) _____

Address _____

Relationship _____ Date of Birth _____
Mo Da Yr

S.S. # _____

Secondary Beneficiary(ies) (If all primary beneficiaries are deceased)

1.)

Address _____

Relationship _____ Date of Birth _____
Mo Da Yr

S.S. # _____

2.)

Address _____

Relationship _____ Date of Birth _____
Mo Da Yr

S.S. # _____

Note : It is the responsibility of the employee to furnish and keep this information current!