



**THE CITY OF NEW YORK
DEPARTMENT OF CITYWIDE ADMINISTRATIVE SERVICES**

DESIGNATION OF BENEFICIARY FORM (FOR ALL EMPLOYEES)

For all Non-Managerial employees: 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, the lump sum cash payment for accrued annual leave and accrued compensatory time provided for therein and the Accidental Death Benefit of \$25,000 are to be paid to the following beneficiary(s) or to my estate as indicated below.

For all Managerial employees: As covered under Personnel Order No. 88/5 as amended, the lump sum cash payment for accrued annual leave, accrued sick leave and accrued compensatory time provided for therein and the Accidental Death Benefit of \$25,000 are to be paid to the following beneficiary(s) or to my estate as indicated below.

Name (Print)	Employee Reference Number								
Title	Agency								
<p>(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: 50%;">1. <u>Name and Address of Beneficiary</u></th> <th style="width: 25%;"><u>Relationship</u></th> <th style="width: 25%;"><u>% of Benefit</u></th> </tr> </thead> <tbody> <tr> <td style="height: 100px;"></td> <td></td> <td></td> </tr> </tbody> </table> <p style="text-align: right;"><i>The total % of Benefit should equal 100%</i></p> <p>2. It is my understanding that by not designating a named beneficiary, this benefit will be paid to my estate.</p>		1. <u>Name and Address of Beneficiary</u>	<u>Relationship</u>	<u>% of Benefit</u>					
1. <u>Name and Address of Beneficiary</u>	<u>Relationship</u>	<u>% of Benefit</u>							
<p>All previous designated beneficiaries are hereby cancelled and it is directed that payments be made upon my death as specified above.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Signature of Employee (DO NOT PRINT)</td> <td style="width: 50%; border-bottom: 1px solid black;">Address of Employee</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Signed at (City, State)</td> <td style="border-bottom: 1px solid black;">Date Signed</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Signature of Witness (DO NOT PRINT)</td> <td style="border-bottom: 1px solid black;">Address of Witness</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Signed at (City, State)</td> <td style="border-bottom: 1px solid black;">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
Signature of Employee (DO NOT PRINT)	Address of Employee								
Signed at (City, State)	Date Signed								
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