



ACCRUED PAYROLL BENEFITS DESIGNATION OF BENEFICIARY

You need to designate the persons you wish to leave your accrued payroll benefits (unpaid salary, sick leave and annual leave, etc.) in the event of your death.

- Your designation revokes all prior designations.
- If a minor (under the age of 19) is the beneficiary, the City will pay the person's share of the proceeds to such beneficiary's court-appointed guardian.
- It is your right and responsibility to change your beneficiaries at any time before your death, should you wish to do so, by completing a new form designating your new beneficiaries. The change will become effective on the date the form is signed.

PLEASE MAKE SURE THIS FORM IS COMPLETE BEFORE YOU SIGN AND DATE IT

EMPLOYEE NAME: _____ (print)

SOCIAL SECURITY #: _____

DATE OF BIRTH: _____

PRIMARY BENEFICIARY (If you list more than one, they will share equally.)			
1. Name	Relationship	Date of Birth	Social Security #
Address	City	State	Zip Code
Phone Number:			
2. Name	Relationship	Date of Birth	Social Security #
Address	City	State	Zip Code
Phone Number:			
CONTINGENT BENEFICIARY (Contingent beneficiaries ONLY receive proceeds if you are not survived by one or more Primary beneficiaries.)			
1. Name	Relationship	Date of Birth	Social Security #
Address	City	State	Zip Code
Phone Number:			
2. Name	Relationship	Date of Birth	Social Security #
Address	City	State	Zip Code
Phone Number:			

Employee Signature _____ Date Signed _____

Witnessed By (Signature) _____ Date Signed _____

Witnessed By (Print) _____

Return completed form to the City of Montgomery Payroll Office
 City Hall
 103 N. Perry St.
 Montgomery, AL 36104
 Fax: 334.625.4423

OR

Your Department
 Payroll Representative