

**DESIGNATION OF BENEFICIARY (For all employees)**

Name (print)	Social Security Number
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Title	Agency
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**UNUSED ANNUAL LEAVE AND ACCRUED OVERTIME BENEFIT AND ACCIDENTAL DEATH BENEFIT**

1. 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, and Personnel Order 88/5 and its successors, the lump sum cash payment for accrued leave and accrued compensatory time provided for therein and the Accidental Death Benefit of \$25,000 are to be paid to the following beneficiary or beneficiaries or to my estate as indicated below in the following manner, (Fill in 1 below if you want to name a beneficiary other than your estate.)

<u>1. Name and Address of Beneficiary(ies)</u>	<u>Relationship</u>	<u>% of Benefit</u>
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2. It is my understanding that by not designating a named beneficiary this benefit will be paid to my estate.

All previous designated beneficiaries are hereby cancelled and it is directed that payments be made upon my death as specified above.

\_\_\_\_\_  
 Signature of Employee (DO NOT PRINT)

\_\_\_\_\_  
 Address of Employee

\_\_\_\_\_  
 Signed at (City, State)

\_\_\_\_\_  
 Date Signed

\_\_\_\_\_  
 Signature of Witness (DO NOT PRINT)

\_\_\_\_\_  
 Address of Witness

\_\_\_\_\_  
 Witness Title (If Witness is a NY City Employee)

*If signing is not witnessed by another City employee, the form should be notarized*

Note: It is your responsibility to submit a new designation of beneficiary whenever changing personal circumstances make a change in beneficiary necessary.