

HUNTER COLLEGE

COLLEGE ASSISTANT DESIGNATION OF BENEFICIARY FOR UNUSED ANNUAL LEAVE AND UNPAID SALARY

LAST NAME, FIRST NAME

_____/_____/_____
SOCIAL SECURITY NUMBER

DEPARTMENT

- I. Payment of accrued annual leave and salary due and unpaid at time of death is to be paid to the following named beneficiary or beneficiaries or to my estate as indicated below in the following manner.

NAME OF BENEFICIARY

RELATIONSHIP

% OF BENEFIT

- II. 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 PAYMENT BE MADE UPON MY DEATH AS SPECIFIED ABOVE.

*****FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC*****

SIGNATURE OF EMPLOYEE (DO NOT PRINT)

ADDRESS OF EMPLOYEE

SIGNED AT (CITY, STATE)

DATE SIGNED

County of _____, State of _____, On this _____ day of

_____, 200____, appeared before me the said _____, to me
personally

known to be the individual described in and who executed the foregoing instrument and he duly
acknowledged to me that he executed the same.

Signature of Notary: _____

Official Title: _____

NOTE:

IT IS YOUR RESPONSIBILITY TO SUBMIT A NEW DESIGNATION OF BENEFICIARY WHENEVER
CHANGING PERSONAL CIRCUMSTANCES MAKE A CHANGE IN BENEFICIARY NECESSARY.