

**DESIGNATION OF BENEFICIARY FOR UNPAID COMPENSATION**

EMPLOYEE'S NAME

SOCIAL SECURITY #

I, the undersigned, do hereby designate the beneficiary or beneficiaries named below to receive any amount of unpaid compensation due and payable at my death. I understand that this Designation of Beneficiary will remain in full force and effect with respect to any amount payable, unless or until I change my beneficiary(ies) by completing a new form, or until such time as I cancel this designation in writing.

**BENEFICIARY(IES)**

All money shall be paid to the following person(s) in equal shares unless otherwise provided for herein, and provided the beneficiary(ies) are living at the time of my death.

<u>Full Name of Each Beneficiary</u>	<u>Address of Each Beneficiary</u>	<u>Relationship</u>

I hereby authorize the Board of Washington County Commissioners to make payment to the beneficiary(ies) whom I have named above. If there are no beneficiary(ies) named by me in the space provided, I hereby direct such payment to be made to my estate.

Employee's Signature

Date

Witness' Signature

Date