



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	
(Fill in 1 below, if you want to name a beneficiary other than your estate).		
1. <u>Name and Address of Beneficiary</u>	<u>Relationship</u>	<u>% of Benefit</u>
The total % of Benefit should equal 100%		
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	
_____ Signed at (City, State)	_____ Date Signed	
Note: It is your responsibility to submit a new designation of beneficiary whenever changing personal circumstances make a change in beneficiary necessary.		