

## DESIGNATION OF BENEFICIARY FOR ACCRUED ALLOWANCE OF SURVIVING SPOUSE OR DOMESTIC PARTNER

I, \_\_\_\_\_, Social Security Number \_\_\_\_\_,  
(Print your name)

hereby designate the following beneficiary(ies) to receive the portion of my last monthly allowance that I earn prior to the date of my death:

\_\_\_\_\_  
Name Date of Birth  
\_\_\_\_\_  
Relationship Social Security Number (Optional)  
\_\_\_\_\_  
Address

\_\_\_\_\_  
Name Date of Birth  
\_\_\_\_\_  
Relationship Social Security Number (Optional)  
\_\_\_\_\_  
Address

\_\_\_\_\_  
Name Date of Birth  
\_\_\_\_\_  
Relationship Social Security Number (Optional)  
\_\_\_\_\_  
Address *(Attach additional sheet if necessary)*

**If the primary beneficiary(ies) named above are deceased, I then designate:**

\_\_\_\_\_  
Name Date of Birth  
\_\_\_\_\_  
Relationship Social Security Number (Optional)  
\_\_\_\_\_  
Address *(Attach additional sheet if necessary)*

\_\_\_\_\_  
Signature Date

### **ADA NOTICE**

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