

STATE OF ALASKA

DESIGNATION OF BENEFICIARY FOR UNPAID COMPENSATION

This form names the people you want to receive unpaid wage compensation in the event of your death while an employee of the State of Alaska. It can also be used to change those names at any time. Your wishes may not be carried out as intended if the form is not completed correctly.

Employee Name _____ Department _____
 Employee ID _____ Date of Birth _____

INITIAL AUTHORIZATION

CHANGE

PRIMARY BENEFICIARY (IES)			CONTINGENT BENEFICIARY (IES)		
Name			Name		
Address			Address		
City, State & Zip Code			City, State & Zip Code		
Relationship	DOB (if minor)	Percentage %	Relationship	DOB (if minor)	Percentage %
Name			Name		
Address			Address		
City, State & Zip Code			City, State & Zip Code		
Relationship	DOB (if minor)	Percentage %	Relationship	DOB (if minor)	Percentage %
Name			Name		
Address			Address		
City, State & Zip Code			City, State & Zip Code		
Relationship	DOB (if minor)	Percentage %	Relationship	DOB (if minor)	Percentage %
Name			Name		
Address			Address		
City, State & Zip Code			City, State & Zip Code		
Relationship	DOB (if minor)	Percentage %	Relationship	DOB (if minor)	Percentage %
TOTAL PRIMARY PERCENTAGE MUST EQUAL		100%	TOTAL CONTINGENT PERCENTAGE MUST EQUAL		100%

Employee Signature	Date	Witness	Date
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INSTRUCTIONS

1. You may designate one primary beneficiary who would be the sole beneficiary.
2. You may designate primary beneficiary(ies) and contingent beneficiary(ies). Primary beneficiaries receive the benefit first if you die. Contingent beneficiaries receive the benefit if the primary beneficiary has died.
3. You may designate any number of beneficiaries to share in any manner you wish. Please designate the percentage to pay each beneficiary. The total percentage of all Primary beneficiaries must equal 100% and the total of all Contingent beneficiaries must equal 100%. List each name separately; attach additional forms if necessary.
4. If you are designating a minor (under 18 yrs of age) as your beneficiary, you must add the minor's date of birth (DOB).
5. Should you wish to change or alter your designation of beneficiary, be sure to complete a new form in its entirety.
6. This form must be witnessed by someone who can verify your identity and who is not your beneficiary.

Return this completed form to your Payroll Services Section or Agency HR Office, or you may send it directly to Dept. of Administration, Div. of Finance, Payroll Section, P.O. Box 110204, Juneau AK 99811-0204.