

AFFIDAVIT OF DESIGNATION TO RECEIVE PAY CHECK(S) / MONIES OWED EMPLOYEE

In the event of my death, I designate _____, my

_____, of _____
(relation, if any) Address

City State Zip

to receive all warrants or checks that would have been payable to me had I survived. I understand the person I designate must be 18 years old and possess a valid picture ID . This affidavit shall remain in effect until revised or revoked. Such revision and/or revocation shall be submitted by me in writing.

Signature of Employee

Date