

BARUCH COLLEGE
ONE BARUCH BERNARD WAY, BOX D-0202
NEW YORK, NEW YORK 10017

DESIGNATION OF BENEFICIARY
(Non-Instructional Staff)

Name-Print	Social Security No.
Title	Agency

I) ACCIDENTAL DEATH BENEFIT

In accordance with the provisions of Personnel Orders Nos. 26/71 and 28/71 the accidental death benefit of \$25,000 provided for therein is to be paid to the beneficiaries designated below in the following orders:

i) To my wife or husband and if he or she shall not survive me then:

ii) To my children in equal shares:

<u>Name</u>	<u>Age</u>	<u>Address</u>
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iii) If none of the above designated beneficiaries shall survive me, payment shall be made to my estate.

II) UNUSED ANNUAL LEAVE AND ACCRUED OVERTIME BENEFIT

In accordance with the provisions of Mayor's Executive Order No. 34 dated March 26, 1971, the lump sum cash payment for accrued annual leave time provided for therein is to be paid to following beneficiary or beneficiaries or to my estate as indicated below in the following manner (fill in 1 below if you desire to name a beneficiary other than your estate).

<u>Name of Beneficiary</u>	<u>Relationship</u>	<u>% Of Benefits</u>
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i) It is my understanding that by not designating a beneficiary this benefit will be paid to my estate.

ALL PREVIOUS DESIGNATED BENEFICIARIES ARE HEREBY CANCELED AND IT IS DIRECTED THAT PAYMENT 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