

Baruch College
Unused Annual Leave Benefit-Designation of Beneficiary
Teaching and Non Teaching Instructional Full Time Staff

Name (Print)

Social Security Number

Title

In accordance with Item No. 17 of the Board of Higher Education minutes of Proceedings dated August 1, 1977, the payment of accrued annual leave as provided for therein is to be paid to the following beneficiary or beneficiaries or to my estate as indicted below in the following manner. (Fill in 1 and 2 if you desire to name beneficiaries other than your estate).

1. PRIMARY BENEFICIARIES RELATIONSHIP % OF BENEFIT
(include addresses)

2. CONTINGENT BENEFICIARIES RELATIONSHIP % OF BENEFIT
(include addresses)

3. It is my understanding that by not designating a beneficiary, this benefit will be paid to my estate.

ALL PREVIOUS DESIGNATED BENEFICIARIES FOR CASH PAYMENT OF ACCRUED ANNUAL LEAVE ARE HEREBY CANCELED 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