

Designation of Beneficiary For Receipt of Final Payment Due County Employee



Date: _____

Employee's Name: _____

Social Security Number: _____

Department: _____

I hereby designate _____ ,

my _____ , as beneficiary.
(Relationship)

Beneficiary Address: _____

Beneficiary Phone #: (_____) _____

(Employee Signature)

State of Nevada
County of _____

Subscribed and sworn to before me
this _____ day of _____ , 20 _____
by _____ .

(Signature of notarial officer)