



# Beneficiary Designation Form

## Deceased Employee's Salary and Personal Belongings

Should I, \_\_\_\_\_,  
(Print Name) (Social Security Number)

die while employed by the City of Dallas, I authorize the City to release to the person(s) I have named below

1. **my final salary**, consisting of wages/salary, vacation, sick leave, service incentive pay, short-term disability and any other salary benefit to which I may be entitled at the time of my death. My final salary benefit does not include any type of retirement, pension or deferred compensation benefits.
2. **any personal property** belonging to me and in the City's possession at the time of my death.

\*If I have named my spouse as a beneficiary, such designation will become void in case of our divorce.

### Primary Beneficiary

Name Social Security Number	Street City, State, Zip	Relationship	Telephone Number

### Contingent Beneficiary Name(s)

Name Social Security Number	Street City, State, Zip	Relationship	Telephone Number



Authorizing Employee Signature (Do not print)	Date
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Signature of Witness (Human Resources)	Phone Number	Date
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