Date Deceased\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY STATE ZIP

#### EMPLOYEE

Auto canceled

Revoked

Date

Designation

ADDRESS

DATE

SIGNATURE

REVIEWED BY AND ATE

AGENCY USE

##### Montana Tech of the University of Montana

NAME OF STATE AGENCY, BOARD OR COMMISSION FOR WHICH YOU ARE EMPLOYED

#### STIPULATION

I hereby revoke any previous designation filed by me.

If the above-named designee cannot be contacted within sixty (60) days after the date of my death, this designation shall be void.

This designation will remain in full force and effect during my employment with the Montana State Agency identified below until revoked in writing by me. This designation will automatically terminate on the date final payment is received as the result of said employment.

#### DESIGNEE

CITY, STATE, & ZIP

DESIGNEE’S ADDRESS

Date of Birth

SOCIAL SECURITY #

(FIRST) (MIDDLE) (LAST)

Pursuant to Section 2-18-412, MCA, I hereby designate the following person who notwithstanding any other provision of law, shall be entitled upon my death to receive all state warrants, excluding warrants for payment of death benefits and refund of employee retirement contributions, that would have been payable to me as a result of my employment with the State of Montana had I survived:

SOCIAL SECURITY #

(FIRST) (MIDDLE) (LAST)

EMPLOYEE’S

NAME

### INSTRUCTIONS TO EMPLOYERS

1. Review the prepared form to ensure that the employee has completed it properly.
2. Advise the employee that this form is a legally binding document.
3. Upon the decease of an employee, fill in the information on the bottom of this form; certifying officer should be the agency head or personnel officer.
4. Forward two copies of the form with all negotiated warrants to the DOA Accounting office. DO NOT SEND IT TO STATE PAYROLL.
5. If death occurs after a warrant has been issued but before it has been negotiated, recover the warrant (if possible) and submit it to the DOA Accounting office with this form.
6. Have your employees periodically review their designation.

## INSTRUCTIONS TO EMPLOYEES

1. Show the designee’s full name: for example, “Mary Jane Smith”. Not Mrs. John E. Smith.
2. Show designee’s Social Security number and date of birth.
3. Erasures or corrections may not be made in the writing of designees’ name. If an error has been made, complete a new form.
4. Sign, and submit to your personnel office or payroll clerk.
5. You may change your designation at any time by filing a new designation with your personnel office or payroll clerk.
6. You may completely revoke a designation at any time by a letter to your employer signed by you.
7. Inform your personnel office or payroll clerk when a change occurs in your designee’s address.

DESIGNATION OF PERSON AUTHORIZED TO

RECEIVE DECEDENT’S WARRANTS

# STATE OF MONTANA

DEPARTMENT OF ADMINISTRATION