



# GEORGIA PUBLIC DEFENDER STANDARDS COUNCIL

## EMPLOYEE DESIGNATION OF BENEFICIARY FOR COMPENSATION

In the event that upon my death I have wages or other monies due me from the State of Georgia or Superior Courts of Georgia, by this statement I authorize all such sums to be paid to the following individual whom I hereby designate as my beneficiary of any sums.

### Employee

Name: \_\_\_\_\_  
Last First Middle

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

### Primary Beneficiary

1	Last Name	First	Middle	Relationship	Date of Birth	Social Security Number		% to Receive
	Street Address				City	State	Zip	
2	Last Name	First	Middle	Relationship	Date of Birth	Social Security Number		% to Receive
	Street Address				City	State	Zip	

### Contingent Beneficiary

1	Last Name	First	Middle	Relationship	Date of Birth	Social Security Number		% to Receive
	Street Address				City	State	Zip	
2	Last Name	First	Middle	Relationship	Date of Birth	Social Security Number		% to Receive
	Street Address				City	State	Zip	

Signature: \_\_\_\_\_

Date: \_\_\_\_\_