

Town of Stevensville

Decedent's Designation To Receive Warrants

INSTRUCTIONS TO EMPLOYEES

1. Complete this form. (typewritten or in ink)
2. Show the designee's full name; for example, "Mary Jane Smith", not Mrs. John E. Smith.
3. Show designee's Social Security number and date of birth.
4. Erasures or corrections may not be made in the writing of designees' name. If an error has been made, complete a new form.
5. Sign in ink and submit to the finance officer. A duplicate copy will be returned to you for your record or for you to give to the designee.
6. You may change your designation at any time by filing a new designation with the finance officer.
7. You may completely revoke a designation at any time by a letter to the finance officer signed by you.
8. Inform the finance officer when a change occurs in your designee.

EMPLOYEE'S NAME		
	(First)(Middle)(Last)	Social Security Number

Pursuant to Section 7-4-4211, MCA, I hereby designate the following person(s) who, notwithstanding any other provision of Law, is entitled, on my death, to receive all warrants or paychecks payable to me.

Primary Beneficiary- attach additional list if necessary

Full Name	Gender	Relationship	Birthdate	SSN	Allocation
	<input type="checkbox"/> M <input type="checkbox"/> F				%
	<input type="checkbox"/> M <input type="checkbox"/> F				%
	<input type="checkbox"/> M <input type="checkbox"/> F				%

Contingent Beneficiary (Optional)- attach additional list if necessary

Full Name	Gender	Relationship	Birthdate	SSN	Allocation
	<input type="checkbox"/> M <input type="checkbox"/> F				%
	<input type="checkbox"/> M <input type="checkbox"/> F				%
	<input type="checkbox"/> M <input type="checkbox"/> F				%

Stipulation	<p>1. I hereby revoke any previous designation filed by me.</p> <p>2. This designation will remain in full force and effect during my employment with the Town of Stevensville until revoked in writing by me.</p>
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Employee	Signature	Date
	Address	
	City, State, Zip	

Witness	Print Name	Signature	Date