



**QUEENS COLLEGE**

**COLLEGE ASSISTANT  
DESIGNATION OF BENEFICIARY  
FOR UNUSED ANNUAL LEAVE AND UNPAID SALARY**

\_\_\_\_\_  
NAME (PRINT)

\_\_\_\_\_  
SOCIAL SECURITY NO.

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
COLLEGE

**I. Payment of accrued annual leave and salary due and unpaid at time of death is to be paid to the following named beneficiary or beneficiaries or to my estate as indicated below in the following manner.**

1) Name of Beneficiary	Relationship	% of Benefit
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**II. It is my understanding that by not designating a named beneficiary this benefit will be paid to my estate.**

\_\_\_\_\_  
All previous designated beneficiaries are hereby cancelled and it is directed that payment be made upon my death as specified above.

\_\_\_\_\_  
Signature of employee (DO NOT PRINT)

\_\_\_\_\_  
Address of employee

\_\_\_\_\_  
Signed at (CITY, STATE)

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Signature of witness (DO NOT PRINT)

\_\_\_\_\_  
Address of witness

\_\_\_\_\_  
Signed at (CITY, STATE)

\_\_\_\_\_  
Date signed

**NOTE: It is your responsibility to submit a new designation of beneficiary whenever changing personal circumstances make a change in beneficiary necessary.**