



DESIGNATION OF BENEFICIARY

In accordance with the provisions of the general regulations of The American Museum of Natural History, the lump sum cash payment for accrued annual leave, terminal leave, accrued compensatory time and/or time due, accrued overtime, and all unpaid salaries are to be paid to the following beneficiary(ies) or to my estate as indicated below in the following manner:

Note: Upon submission of this form, previously designated beneficiary(ies) are hereby cancelled and it is directed that payment be made upon your death as specified below. It is your responsibility to submit a new designation of beneficiary(ies) whenever personal circumstances make a change in beneficiary(ies) necessary.

PART A: Complete (1) if you desire to name a beneficiary(ies) other than your estate. Complete (2) if you desire to name your estate

Employee Name (Print): _____

Social Security No.: _____

Table with 3 columns: (1) Name of Beneficiary(ies), Relationship, % of Benefit (must total 100). Includes three horizontal lines for data entry.

(2) It is my understanding that by not designating a named beneficiary(ies), this benefit will be paid to my estate.

Initial here if selecting this option: _____

PART B: Mark the appropriate response in regard to your relevant employment history.

Were you ever a member of CIRS (Cultural Institutions Retirement Systems)? ___Yes ___No

If yes, list name(s) of employer(s) and dates of employment in the space provided:

Employer Name _____ City, State _____

Dates of Service:

From ___/___/___ To ___/___/___

Signature of Employee: _____ Date: _____

Signature of Witness: _____ Date: _____