

AFFIDAVIT OF DESIGNATION TO RECEIVE  
PAY CHECK(S) / MONIES OWED EMPLOYEE

In the event of my death, I designate \_\_\_\_\_, my

\_\_\_\_\_, of \_\_\_\_\_  
(relation, if any) Address  
\_\_\_\_\_  
City State Zip

to receive all warrants or checks that would have been payable to me had I survived.  
***I understand the person I designate must be 18 years old and possess a valid picture ID.*** This affidavit shall remain in effect until revised or revoked. Such revision and/or revocation shall be submitted by me in writing.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date