**DESIGNATION OF SURVIVOR OR SURVIVORS FOR PAY WHICH ARE NOT DELIVERED TO EMPLOYEE DURING HIS/HER LIFETIME AND ACCUMULATED UNUSED ANNUAL AND SICK LEAVE UPON DEATH.**

DATE:

Pursuant to the provisions of Public Law 12-47, approved October 19, 1973, I hereby designated the hereinafter named as survivor or survivors of any amount of pay not delivered to me during my lifetime which may become refundable to me upon my death and for accumulated Unused Annual and Sick Leave converted to cash credited to my account and hereby authorized, empower and direct my employer, University of Guam, to make payment to Option 1 or 2 indicated below:

**OPTION 1 (Primary)**

NAME OF SURVIVOR: SSN: DOB:

ADDRESS:

TEL NO.: RELATIONSHIP:

**OPTION 2 Benefits will be distributed equally among the survivors as listed in Option 2.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NAME OF SURVIVORS** | **DOB** | **SSN** | **RELATIONSHIP** | **TELEPHONE** | **ADDRESS** |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| 6. |  |  |  |  |  |

Signed this day of 20 .

 Signed:

Print Name:

Employee’s No.:

Position Title:

College/Unit:

Address:

Home Phone: