



Designation of Beneficiary For Receipt of Final Payment Due County Employee

Date: _____ SAP#: _____

Employee's Name: _____

Social Security Number: _____

Department: _____

By my signature below I hereby designate _____
(Beneficiary Name)

my _____, as
beneficiary. (Relationship)

Beneficiary Address: _____

Beneficiary Phone #: _____

(Employee Signature)

State of Nevada
County of Washoe County

Signed and sworn to (or affirmed) before me on _____

By _____

(Signature of notarial officer)