



BENEFICIARY DESIGNATION

OUTSTANDING WAGES BENEFICIARY DESIGNATION FORM

The Town of Nashville offers its employees the option of designating a beneficiary to receive the employee's final check in the event of an employee's death while an employee of the Town of Nashville.

If you elect to name a beneficiary, you must complete the section below, and submit this form to the HR Department. If you need to change your beneficiary, you must complete a new Outstanding Wages Beneficiary Designation Form and submit it to the HR Department. For example, if you name your spouse and are later divorced, you may want to complete a new form.

Primary Beneficiary: Receives priority distribution upon the employee's death.

Contingent Beneficiary: Receives distribution only if the primary beneficiary is deceased at the time of the employee's death.

If an employee does not elect to name a beneficiary, the Town of Nashville's payroll office will issue the employee's final paycheck, including any pay for unused vacation and compensatory (if applicable) leave, in accordance with the Town's Personnel Policy. Please be advised that if your final check is processed without the naming of a beneficiary, it will be issued to your estate and will go through probate. Please be advised that access to the funds processed to an estate may be delayed due to the probate process.

OUTSTANDING WAGES BENEFICIARY DESIGNATION FORM

Employee's Name: _____ Last 4 SSN: _____

Primary Beneficiary			
Full Name		DOB	
SSN		Relationship	
Street		Apt	
City		State, Zip	
Home Phone		Cell Phone	

Please see next page for additional beneficiaries and REQUIRED SIGNATURE.

Continuation Page – Please circle Primary OR Contingent for each designated beneficiary

Primary OR Contingent Beneficiary			
Full Name		DOB	
SSN		Relationship	
Street		Apt	
City		State, Zip	
Home Phone		Cell Phone	
Primary OR Contingent Beneficiary			
Full Name		DOB	
SSN		Relationship	
Street		Apt	
City		State, Zip	
Home Phone		Cell Phone	
Primary OR Contingent Beneficiary			
Full Name		DOB	
SSN		Relationship	
Street		Apt	
City		State, Zip	
Home Phone		Cell Phone	
Primary or Contingent Beneficiary			
Full Name		DOB	
SSN		Relationship	
Street		Apt	
City		State, Zip	
Home Phone		Cell Phone	

Print Employee Full Name

Signature of Employee

Date

Print Witness Full Name

Signature of Witness

Date