

STATE OF ALASKA DESIGNATION OF BENEFICIARY FOR UNPAID COMPENSATION

This form names the people you want to receive unpaid wage compensation in the event of your death while an employee of the State of Alaska. It can also be used to change those names at any time. **Your wishes may not be carried out as intended if the form is not completed correctly.**

This form **MUST** be submitted from the employee's own State of Alaska email account or from their Administrative Support employee's State of Alaska Email account.

1. You may designate primary beneficiary(ies) only OR primary beneficiary(ies) and contingent beneficiary(ies). Primary beneficiaries receive the benefit first if you die. Contingent beneficiaries receive the benefit if the primary beneficiary has died.
2. You may designate any number of beneficiaries to share in any manner you wish. Please designate the percentage to pay each beneficiary. The **total percentage of the Primary Beneficiaries column must equal 100% AND the total of the Contingent Beneficiaries column must equal 100%**. List each name separately; attach additional forms if necessary.
3. If you are designating a minor (under 18 yrs of age) as your beneficiary, you must add the minor's date of birth (DOB).
4. Should you wish to change or alter your designation of beneficiary, be sure to complete a new form in its entirety.
5. This form must be witnessed by someone who can verify your identity and **who is not your beneficiary**.

Return this completed form to your HR/Payroll office or doa.dof.pr.unpaidcomp@alaska.gov.

EMPLOYEE ID NUMBER:	DEPT #:	NAME:
EMPLOYEE DOB:	<input type="checkbox"/> INITIAL AUTHORIZATION <input type="checkbox"/> CHANGE	

PRIMARY BENEFICIARY (IES)				CONTINGENT BENEFICIARY (IES)			
Name				Name			
Address				Address			
City, State & Zip Code				City, State & Zip Code			
Relationship	DOB (if minor)	Percentage	%	Relationship	DOB (if minor)	Percentage	%
Name				Name			
Address				Address			
City, State & Zip Code				City, State & Zip Code			
Relationship	DOB (if minor)	Percentage	%	Relationship	DOB (if minor)	Percentage	%
Name				Name			
Address				Address			
City, State & Zip Code				City, State & Zip Code			
Relationship	DOB (if minor)	Percentage	%	Relationship	DOB (if minor)	Percentage	%
Name				Name			
Address				Address			
City, State & Zip Code				City, State & Zip Code			
Relationship	DOB (if minor)	Percentage	%	Relationship	DOB (if minor)	Percentage	%
TOTAL PRIMARY PERCENTAGE MUST EQUAL			100%	TOTAL CONTINGENT PERCENTAGE MUST EQUAL			100%

Employee Signature	Date	Witness	Date
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