



Miami-Dade County Public Schools

**Agreement for Designation
of Change of Beneficiary:
Accrued Annual (Vacation)
and Sick Leave**

**• IMPORTANT •
USE BLUE OR BLACK
INK ONLY.**

In order for your beneficiaries to receive payment of any accrued annual (vacation) or sick leave, which may be payable upon your death, you **MUST** designate your beneficiary. Unless you designate a beneficiary, your accrued annual (vacation) and sick leave will be paid to your estate, in the event of your death.

If you name more than one beneficiary, please show the percentage to be paid to each beneficiary; for example: "33-1/3% to Mary Jones, mother, and 66-2/3% to Edith Jones, wife". Percentages must total 100 %.

PRIMARY BENEFICIARY

NAME OF BENEFICIARY	BENEFICIARY ADDRESS & TELEPHONE NUMBER	BENEFICIARY BIRTHDATE	Relationship	Per-centage

SECONDARY BENEFICIARY (CONTINGENT UPON DEATH OF PRIMARY BENEFICIARY)

NAME OF BENEFICIARY	BENEFICIARY ADDRESS & TELEPHONE NUMBER	BENEFICIARY BIRTHDATE	Relationship	Per-centage

You should keep your beneficiary designations current at all times. You may change your beneficiary designations by completing a new form, and delivering it to Operations and Records, Mail Code 9319 - Room 141

The Board and the undersigned agree that such designation is for the benefit of the beneficiary or beneficiaries named, and that payment in accordance with such designation shall release and acquit the Board of all obligation and liability for payment of the accrued leave.

Employee Number _____ Date _____

Employee Name (print) _____

Employee Signature _____