



Designation of Beneficiary for Vested Sick Leave, and/or Payable Annual Leave, and/or Other Unpaid Salary

This document has significant legal ramifications which may affect your estate plan. It is suggested that you seek the advice of your attorney or estate planner before executing this designation of beneficiary form.

In the event that you do not execute a designation of beneficiary, your accrued benefits will be payable to your estate.

I, _____ hereby designate
(Please Print)

Name _____ Relationship _____ %
S.S. # _____

Address _____

Name _____ Relationship _____ %
S.S. # _____

Address _____

Name _____ Relationship _____ %
S.S. # _____

Address _____

as my beneficiary(ies), to whom I hereby direct the Board of Cooperative Educational Services of Nassau County, New York, in the event of my death prior to separation, to pay any monies allowable as specified above. If more than one beneficiary is named, the share of any beneficiary who may predecease me shall be distributed among the surviving beneficiaries in accordance with the ratio of the respective percentage allocations of the survivors. I reserve the right to alter or revoke this designation of beneficiary(ies) at any time without the consent of the beneficiary(ies).

Signature of Employee

S.S. # _____

Agreed and Assented to:
BOCES

BY: _____