

Confidential Upon Completion

Designation of Beneficiary

Pursuant to Public Law 12-47, I hereby designate the named beneficiary or beneficiaries of any pay and allowances which may be due to me at the time of my death on account of my services rendered to the Guam Memorial Hospital, such pay and allowances include:

1. Per Diem and amounts due in reimbursement of travel expenses.
2. Overtime and/or premium pay.
3. Payments for accrued annual and/or sick leave.
4. Checks drawn for pay which were not delivered to me during my lifetime.
5. Unnegotiated checks returned to the government because of death.

Such pay and allowances do not include amounts which disposition is otherwise expressly prescribed by law. The disposition of life insurance proceeds for the beneficiary or beneficiaries must be designated separately.

I understand I may change or revoke my designation at any time and that the last signed and dated designation at the time of my death shall be the only valid designation.

I hereby authorize and direct my employer, Guam Memorial Hospital, to disburse such funds in accordance with the following order of precedence:

FIRST, to the beneficiary or beneficiaries designated in writing below:

Name of beneficiary	Mailing Address	Phone #	Relationship	Percentage Distribution

SECOND, if there is no designated beneficiary, to my surviving spouse in total.

THIRD, if there is none of the above, to my surviving child/children, and descendants of deceased children, in equal amounts per child.

FOURTH, if none of the above, to the duly appointed legal representative of my estate.

Print Name: _____

SS#: _____

Position: _____

Signature: _____

Date: _____