



Department of Juvenile Justice
DESIGNATION FOR OUTSTANDNG WAGES
(Important! Read instruction before completing this form.)

Employee's Name: _____ Employee's Social Security: _____

1. EMPLOYEE'S DESIGNATION OF BENEFICIARY

To Receive Any Outstanding Wages Or Other Moneys Upon The Employee's Death

*In the event that upon my death I have wages or other moneys due me from the state of Georgia, Department of Juvenile Justice, by this statement I authorize all such sums to be paid to the following individual(s) whom I hereby designate my beneficiary of any such sums.

Please provide the following information:

A. BENEFICIARY

Name of Beneficiary: _____

Address: _____

Social Security Number: _____

Telephone Number: _____

NOTE: Where the above-named beneficiary is a minor or under a legal capacity to receive such sums, please indicate the name and address of the duly qualified guardian of the beneficiary, if known.

B. DULY QUALIFIED GUARDIAN (if applicable) Name of Guardian:

Name of Beneficiary: _____

Address: _____

Social Security Number: _____

Telephone Number: _____

2. SURVIVNG SPOUSE OR SURVIVING MINOR CHILD/CHILDREN

To Receive Any Outstanding Wages or Other Moneys Upon The Employee's Death

*In the event that upon my death I have wages or other moneys due me from the state of Georgia, Department of Juvenile Justice, and in the absence of a designated beneficiary, by this statement I authorize all such sums to be paid to my surviving spouse and in the absence of a surviving spouse I authorize ail such sums to be paid to the duly qualified guardian of my surviving minor child or children.

Please provide the following information:

A. SPOUSE

Name of Spouse: _____

Address: _____

Social Security Number: _____

Telephone Number: _____

B. MINOR CHILD/CHILDREN

Name of Child/Children: _____

Address: _____

Social Security Number: _____

Telephone Number: _____

NOTE: Please indicate, if known, the name and address of the duly qualified guardian.

C. DULY QUALIFIED GUARDIAN

Name of Guardian: _____

Address: _____

Social Security Number: _____

Telephone Number: _____

Employee Signature: _____

Date: _____

➤ NOTE: It is the responsibility of the employee to furnish and to keep this information current!!