Final Pay Beneficiary Designation

Employee Name:		A#:

I hereby declare that it is my will to authorize Wayne County Community College District to disburse in the event of my death, any and all vacation monies, wages, salary, monetary allowances reimbursements and any other monies to which I shall accrue a right of payment from the College at the time of my death to:

Primary Beneficiary Information

Name:	Relationship:	SSN:	
Address:			
City:	State:	ZIP Code:	Phone:

Contingent Beneficiary Information

Name:	Relationship:	SSN:	
Address:			
City:	State:	ZIP Code:	Phone:

This authorization may only be revoked by writing, specifically referencing this authorization which is communicated to the college or by the intentional physical destruction of the original of this document by the employee executing this authorization. A general revocation of prior wills and/or codicils shall not be effective as to this authorization.

This authorization shall be governed by the laws of the State of Michigan.

Required Signatures

Print Employee Name:	Employee Signature:	Date:
Witness Name:	Witness Signature:	Date: