

# LEGAL DESIGNATION OF PERSON AUTHORIZED TO RECEIVE DECEDENT'S WARRANTS

## Instructions for Employee

1. Complete the Beneficiary Designation portion of this form. This form must be typed or printed legibly in ink.
2. Provide designee's full legal name (example "Mary Lynn Smith" or "To the Estate of Jane Smith"). The designee name cannot be "Mrs. John E. Smith".
3. No erasures or corrections in the designee's name can be accepted. If an error is made, complete a new form.
4. Inform your HR/payroll personnel when designee's address changes.
5. Sign this form in ink and submit to your agency HR/payroll personnel.
6. Designee may be changed at any time by completing another form and submitting to your agency HR/payroll personnel. You are requested to update your designee every calendar year.

## Beneficiary Designation For Decedent's Final Warrants

Pursuant to [§2-18-412, MCA](#), I hereby designate the following person who, notwithstanding any other provision of law, shall be entitled upon my death to receive all state warrants, excluding payment of death benefits and refund of employee retirement contributions, payable to me as a result of my employment with the State of Montana had I survived.

All information is **required**.

Name of Designee \_\_\_\_\_  
First Middle Last

Mailing Address \_\_\_\_\_  
Street or PO Box City State Zip Code

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

My signature on this document indicates:

1. I understand this is a legally binding document.
2. I hereby revoke any previous designation filed by me.
3. If the above named designee cannot be contacted within sixty days after the date of my death, this designation shall be void and the warrant will be reissued to my estate.
4. This designation will remain in full force and effect until revoked by me in writing.

Employee Name \_\_\_\_\_  
First Middle Last Social Security Number

\_\_\_\_\_  
Employee Signature Date

## Instructions to Employer

Review above information for proper completion by employee and reaffirm to employee, this is a **legally binding document**. Place document in employee's file. Have your employees periodically review their designation.

1. Upon death of employee, complete the information below. The Certifying Officer should be the agency head or personnel officer. **Carefully follow the checklist for Deceased Employee available on the [MINE website](#).**
2. Send two copies of this form to the SHRD Human Resources Information Services Bureau and retain original in employee's file.
3. If death occurs after the warrant has been issued but before it has been negotiated, recover the warrant (if possible) and submit to the SHRD Human Resources Information Services Bureau.

\_\_\_\_\_  
Date of Death

\_\_\_\_\_  
Certifying Officer Signature

\_\_\_\_\_  
Date

FOR USE BY DEPARTMENT OF ADMINISTRATION - WARRANT WRITING

Agency Contact	Employee Name	Voucher #	Done By
Agency Phone #	Beneficiary Name	Approved by	Date
Vendor #			
Approved By	Journal #	Replacement #	Date
Date	Date	Date	Date