

PERSONNEL SERVICES DIVISION
DEPARTMENT OF EDUCATION

SURVIVOR BENEFIT DESIGNATION

The purpose of this form is for the designation of survivor or survivors for pay that was not delivered to employee during his/her lifetime and accumulated unused annual and sick leave upon death.

Pursuant to the provisions of Public Law 12-47, approved October 19, 1973, I hereby designate the hereinafter named as survivor of any amount of pay not delivered to me during my lifetime which may become refundable to me upon my death and for accumulated unused annual and sick leave converted to cash and credited to my account with the Government of Guam and hereby authorized, empower and direct my employer, Government of Guam, to make payment.

**Directions: Review, choose and complete either Option 1 or Option 2 below:
(Please Print or Type)**

OPTION 1

Name of Survivor: _____

Address: _____

Relationship: _____ Telephone Number: _____

OPTION 2

Name of Survivors	Address/Phone Number	Relationship
1.		
2.		
3.		
4.		
5.		
6.		

Note: Option 2 benefits will be distributed equally among the survivors as listed above.

Signed this _____ day of _____ 20 _____.

Signature: _____ Social Security Number: _____ / _____ / _____

School/Division: _____ Position Title: _____

Address: _____

Note:

Definition of survivor or survivors is one who survives another; one who lives beyond some happening; one or more persons who live after the death of the other. The word "Survivor", however, in connection with the power of one of two trustees to act, is used not only with reference to a condition arising where one of such trustees dies, but also as indicating a trustee who continues to administer the trust after his co-trustee is disqualified, has been removed, renounces, or refuses to act.