

DESIGNATION OF BENEFICIARY FOR ACCRUED ALLOWANCE OF SURVIVING SPOUSE OR DOMESTIC PARTNER

I, _____, Social Security Number _____,
(Print your name)

hereby designate the following beneficiary(ies) to receive the portion of my last monthly allowance that I earn prior to the date of my death:

Name Date of Birth

Relationship Social Security Number (Optional)

Address

Name Date of Birth

Relationship Social Security Number (Optional)

Address

Name Date of Birth

Relationship Social Security Number (Optional)

Address *(Attach additional sheet if necessary)*

If the primary beneficiary(ies) named above are deceased, I then designate:

Name Date of Birth

Relationship Social Security Number (Optional)

Address *(Attach additional sheet if necessary)*

Signature Date

ADA NOTICE

As a covered entity under Title II of the Americans with Disabilities Act, the City of Los Angeles does not discriminate on the basis of disability and, upon request, will provide reasonable accommodations to ensure equal access to its programs, services and activities.