
Employee Name (Please print)

AFFIDAVIT OF DESIGNATION TO RECEIVE WARRANTS

In the event of my death, I designate _____

my _____, of _____
(Relation, if any) (Street Address)

(City) (State) (Zip Code)

to receive all warrants or checks that would have been payable to me had I survived. This Affidavit shall remain in effect until revised or revoked. Such revision and/or revocation shall be submitted in writing, by me.

Signature of Employee

Date

DISTRICT: Oak Grove

Witness: _____