Final Paycheck Beneficiary Form Submit completed form to the Mesquite ISD Benefits Office: 3819 Towne Crossing Blvd., Mesquite, TX 75150

(SEAL)

For MISD Use Only
Date Received

Final paycheck-If my separation of employment with Mesquite Independent School District ("District") is by reason of my death, I affirm the beneficiary(ies) designated on this form to receive my final paycheck which I would have otherwise received based on my employment. Pay includes all wages, and the value of compensable leave accruals (if applicable) supported by District policy in effect at the time of my death and payable through the District's payroll system. Pay does not include any payments, resulting from my participation in District-sponsored programs or plans, payable from external sources.

Naming the beneficiary—It is important that your beneficiary designation be clear so that there will be no question as to your intent. It is also important that you name a primary and a contingent beneficiary. When naming your beneficiary(ies), please indicate their full name, date of birth, social security number, relationship, and if a minor (under 21), the age of that minor. If you need assistance, contact the Benefits Department or your legal counsel. This Final Paycheck Beneficiary Form is effective the date on which Personnel Services receives it.

Benefits Department or your legal counsel. This Fina	•	ii is ellective the date of WNi	ui Personn	iei Selvices (êce	ives II.				
Election Ch	nange								
Employee Name		Employee ID	Last	Last 4 digits of SSN		Campus		Department	
Address		City	City			State		Zip	
Beneficiary Election: Select or	ne								
Election A: Single Participar I am single, widowed, or divorced and designar my marriage. My spouse will be the assumed ben divorce, you must attach a copy of the issued of	te the individual(s), named eficiary until I properly exect court decree.	on this form, to receive my ute another Final Paycheck B	eneficiary f	Form. Note: If ch					
Election B: Married with Sporar Tam married and designate my spouse, named or		• • • • • • • • • • • • • • • • • • • •		,					
Election C: Married with Sp I am married and designate the individual(s), named	ouse not as Sole	Primary Beneficiar	y <u>(Nota</u>	ary requir		consent below.			
Primary Beneficiary: Complet	e for all applicat	ole.							
Name	Date of Birth	Social Security	No.	Relationsl	nip	Age (if ur	nder 21)*	% to Each	
								%	
								%	
								%	
Contingent Beneficiary: Com	plete for all appl	icable.							
								%	
								%	
								%	
The percentage(s) must total 100 percent. If percent and tool to designate a minor, any benefits will be paid to old here: "I nominate	the surviving parent or t	he court-appointed adult	responsib	le for the mind	r unless	you nominate a cu	ustodian wh	o is at least 21 years	
Employee Signature	Cc	ontact Phone		Date_		_			
Complete this section for Election C onl	у:								
Spouse's Name (Print)				Spouse	e's Signat	ture			
THE STATE OF TEXAS §									
COUNTY OF §									
BEFORE ME, the undersigned authority, on this foregoing instrument and acknowledged to me	day personally appeared_ e that he/she executed th	ne same for the purposes	and cons	knov knovideration there	vn to me tein expres	to be the person whesed.	nose name is	subscribed to the	
GIVEN UNDER MY HAND and seal of office this	dayof		20	A.D.					

Notary Public Signature