



2605 S. Miller Street, Suite 107, Santa Maria, CA 93455

FINAL PAY BENEFICIARY DESIGNATION

Completing this designation is optional, but strongly recommended. If a Beneficiary Designation has not been made, payment of final wages and accrued vacation/PTO may be delayed to comply with state law. Without this authorization, the company cannot issue such funds to anyone other than a spouse or registered domestic partner until receipt of instructions from your executor. Payment to a spouse or registered domestic partner can only be made upon receipt of a form verifying there are no other beneficiaries. Authorization may be withdrawn, or the designee may be changed at any time by providing written notice of the change to the company.

If any beneficiary is a minor at the time of your death, payments on behalf of that beneficiary may be delayed until receipt of a legally designated Guardian has been provided. If you designate a minor child, you should review your other estate planning to determine if a Guardian designation may be necessary. The Company does not provide will or estate planning guidance, so you should consult an attorney for that assistance if needed.

This designation is applicable for payment of outstanding wages only and does not replace or supersede any designations indicated on enrollment forms or other required formal agreements in place for other benefits or insurance coverages.

BENEFICIARY DESIGNATION

In the event of my death, I, _____ (print name), hereby designate the following individual(s) as the recipient(s) of any and all paychecks or other outstanding wages that may be due to me.

(Please note: The percentages entered for each beneficiary contact MUST equal 100%. Should you need space for more than two beneficiaries please use an additional form.)

Full Name of Beneficiary (Last, First, Middle): _____

Relationship: _____

Date of Birth: _____

Address (Street, City, State, Zip): _____

Primary Phone Number: _____

Email Address: _____

Beneficiary Percentage: _____

Full Name of Beneficiary (Last, First, Middle): _____

Relationship: _____

Date of Birth: _____

Address (Street, City, State, Zip): _____

Primary Phone Number: _____

Email Address: _____

Beneficiary Percentage: _____

Authorization

Today's Date: _____

Employee Name (Print): _____

Employee's Social Security Number: _____

Employee's Date of Birth: _____

Employee's Signature: _____