

<p>STATE OF MONTANA DEPARTMENT OF ADMINISTRATION</p> <p style="text-align: center;"><u>INSTRUCTIONS TO EMPLOYEES</u></p> <ol style="list-style-type: none"> 1. Complete this form in duplicate (typewritten or in ink). 2. Show the designee's full name; for example, "Mary Jane Smith", not Mrs. John E. Smith. 3. Show designee's Social Security number and date of birth. 4. Erasures or corrections may not be made in the writing of designees' name. If an error has been made, complete a new set of forms. 5. Sign both copies in ink. Submit both copies to your personnel office or payroll clerk. The duplicate copy will be returned to you for your record or for you to give to the designee. 6. You may change your designation at any time by filing a new designation with your personnel office or payroll clerk. 7. You may completely revoke a designation at any time by a letter to your employer signed by you (submit in duplicate). 8. Inform your personnel office or payroll clerk when a change occurs in your designee's address. 	<p style="text-align: center;">DESIGNATION OF PERSON AUTHORIZED TO RECEIVE DECEDENT'S WARRANTS</p> <p style="text-align: center;"><u>INSTRUCTIONS TO EMPLOYERS</u></p> <ol style="list-style-type: none"> 1. Review the prepared form to ensure that the employee has completed it properly. 2. Advise the employee that this form is a legally binding document. 3. Upon the decease of an employee, fill in the information on the bottom of this form: certifying officer should be the agency head or personnel officer. 4. Forward two copies of the form with all unnegotiated warrants to the DOA Accounting office. DO NOT SEND IT TO STATE PAYROLL. 5. If death occurs after a warrant has been issued but before it has been negotiated, recover the warrant (if possible) and submit it to the DOA Accounting office with this form. 6. Have your employees periodically review their designation.
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EMPLOYEE'S NAME	(FIRST) (MIDDLE) (LAST)	SOCIAL SECURITY NUMBER
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DESIGNEE	<i>Pursuant to Section 2-18-412, MCA, I hereby designate the following person who notwithstanding any other provisions of law, shall be entitled upon my death to receive all state warrants, excluding warrants for payment of death benefits and refund of employee retirement contributions, that would have been payable to me as a result of my employment with the State of Montana had I survived:</i>		
	(FIRST) (MIDDLE) (LAST)	SOCIAL SECURITY NUMBER	DOB
	DESIGNEE'S ADDRESS		CITY, STATE, & ZIP CODE

STIPULATION	<p><i>I hereby revoke any previous designation filed by me.</i></p> <p><i>If the above-named designee cannot be contacted within sixty (60) days after the date of my death, this designation shall be void.</i></p> <p><i>This designation will remain in full force and effect during my employment with the Montana State Agency identified below until revoked in writing by me. This designation will automatically terminate on the date final payment is received as the result of said employment.</i></p>
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NAME OF STATE AGENCY, BOARD OR COMMISSION FOR WHICH YOU ARE EMPLOYED		MONTANA STATE UNIVERSITY
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EMPLOYEE			AGENCY	REVIEWED BY AND DATE		
	SIGNATURE	DATE				
	ADDRESS				DESIGNATION	DATE
	CITY	STATE	ZIP		Revoked	
	Form P-3 (Revised 4-03)				Auto canceled	

DATE DECEASED _____ CERTIFYING OFFICER _____