



# DESIGNATION OF BENEFICIARY

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Case Number)

I hereby designate:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

to receive from the Department of Children and Families after my death all monthly amounts due to me as a public assistance recipient of the State of Florida from the date of the last payment of such public assistance that may be made to me until the date of my death. In the event that the first named beneficiary is deceased, I then designate as an alternate:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

to receive such payment. There must be two witnesses, with addresses, to the recipient's signature. The beneficiaries cannot be a witness.

\_\_\_\_\_  
Signature of Recipient

\_\_\_\_\_  
Date

## WITNESSES

## ADDRESSES

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code