

ARKANSAS FORESTRY COMMISSION
ANNUAL DESIGNATION OF BENEFICIARY FOR DEATH BENEFITS

I designate the following as my beneficiary should I be killed in the line of duty:

First Name MI. Last Name	Relationship and SSN
Home Address City State Zip	Birth date

Under A.C.A. § 21-5-708, if I do not designate a beneficiary, the benefits shall be paid to my surviving spouse or surviving children under the age of 22 or, if there is no surviving spouse or surviving children under the age of 22, then to the surviving children 22 years of age or older or to the surviving parents.

Printed or typed name of AFC employee	Employee signature and date
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STATE OF ARKANSAS)
)
COUNTY OF _____)

Notary Public

(SEAL)

My Commission Expires: _____

Return completed original notarized form to:
Arkansas Forestry Commission
Human Resources Administrator
#1 Natural Resources Drive
Little Rock, AR 72205