

STATE OF MICHIGAN  
CIVIL SERVICE COMMISSION

**FINAL COMPENSATION BENEFICIARY AFFIDAVIT**

**INSTRUCTIONS TO THE BENEFICIARY**

You have been named as a beneficiary of an employee of this agency to receive all or part of their final compensation. Before compensation can be paid, we must verify that you are the person named on the Final Compensation Beneficiary Designation (Form CS-140).

Please complete the affidavit below to affirm that you are the beneficiary or guardian or conservator of the beneficiary named on the form. Return the form to this office, at the address indicated in the shaded area, along with a copy of your social security card. If you are the guardian or conservator, complete the information on behalf of the beneficiary, indicate that you are signing as guardian or conservator in the checkbox, and print your name where requested.

If the beneficiary is a minor without a guardian or conservator and the disbursement is over \$50,000, payment can be made only if authorized by a court. If the beneficiary is a person with a legally appointed guardian or conservator, you must enclose a certified copy of the court order of appointment and proof of identification.

If multiple children are named as beneficiaries, copies of this affidavit are sent to each child. Each surviving child must complete the affidavit and return it with a copy of their social security card for final compensation to be disbursed.

For Personnel Office Use Only			
Printed Name of Deceased Employee	Date CS-140 Completed by Employee	Beneficiary Named	
Deceased Employee's Employing Agency		Agency Contact Phone Number	
Address of Employing Agency			
Beneficiary's Relationship to the Deceased Employee at the Time of Death	Beneficiary's Birth Date	Beneficiary's Social Security No.	
Current Street Address	City	State	Zip Code
Printed Name of Beneficiary		Phone Number of Person Completing This Form	

**BENEFICIARY AFFIDAVIT**

I certify that all the information provided on this form is true and correct, under penalty of perjury.

\_\_\_\_\_  
Signature of Beneficiary, Guardian, or Conservator

\_\_\_\_\_  
Date

Check here if you are a guardian or conservator signing on behalf of the beneficiary and print your name below.

\_\_\_\_\_  
Guardian's or Conservator's Printed Name (if applicable)