STATE OF MONTANA
DEPARTMENT OF ADMINISTRATION

INSTRUCTIONS TO EMPLOYEES

1. Complete this form in (typewritten or 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 designee’s name. If an error is made, complete a new set of forms.
5. Sign original in ink. Submit original and a copy to your personnel office or payroll clerk.
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 but a letter to your employer signed by you (submit a duplicate).
8. Inform your personnel office or payroll clerk when a change occurs in your designee’s address.

EMPLOYEE’S NAME
(FIRST) (MIDDLE) (LAST) SOCIAL SECURITY NUMBER

INSTRUCTIONS TO EMPLOYERS

1. Review the prepared form to make sure 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 this form with all unnegotiated warrants to the DOA Accounting office. DO NOT SEND IT TO STATE PAYROLL.
5. If death occurs after the warrant has been issued but it has been negotiated, recover the warrant (if possible) and submit to DOA Accounting with this form.
6. Have your employees periodically review their designation.

NAME OF STATE AGENCY, BOARD, OR COMMISSION FOR WHICH YOU ARE EMPLOYED

SIGNATURE DATE

ADDRESS CITY, STATE, ZIP CODE

DATE DECEASED CERTIFYING OFFICER

Revoked

Form P-3 (Revised 12-95)