



DESIGNATION OF BENEFICIARY

(Print Name)

(Social Security 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 applicant's signature. The beneficiary cannot be a witness.

Signature of Recipient

Date

WITNESSES

ADDRESSES

Street Address

City, State, Zip Code

Street Address

City, State, Zip Code