

VT Restitution Unit Designation of Beneficiary

Instructions

Primary Beneficiary: A person(s) first in line to receive benefits upon your death.

Contingent Beneficiary: A person(s) next in line after the primary beneficiary to receive benefits upon your death.

Restitution: The money owed to you as a direct result of a crime for out-of-pocket expenses you incurred due to the crime.

You may choose beneficiaries to receive any restitution you are still entitled to upon your death by completing this form. You are not required to choose a beneficiary; however, if you do not, any unpaid restitution will be sent to your estate at your death. If no estate exists, the money will be sent to unclaimed property.

Primary/Contingent Beneficiaries: These beneficiaries will receive equal shares unless a different percentage is indicated on the form. Contingent beneficiaries will only receive benefits if the primary beneficiary or beneficiaries is/are deceased; contingent beneficiaries only receive a percentage of the non-claimed amount. If the primary and contingent beneficiaries are deceased, any remaining restitution is payable to your estate. If no estate exists, the money will be sent to unclaimed property.

BOX 1 is used to name a primary beneficiary to receive restitution payments due to you following your death.

BOX 2 is optional and to be used to name a contingent beneficiary.

Additional information about beneficiaries:

- You may nominate any person or persons, non-profit organization, guardian for minor children, etc., as a primary or contingent beneficiary.
 - Non-profit organization – List the name of the organization, contact information and the percentage of the benefit that would be payable to them.
 - Minor children - We can **only** make payments to the guardian of the minor's financial estate.



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- A divorce does not automatically revoke a former spouse as beneficiary.

Change of Beneficiaries: You may change your beneficiary at any time. It will replace any previous designation on file with the Restitution Unit.

Victim's Signature: This form must be signed by you in the presence of a Notary Public for the Restitution Unit to legally record any beneficiary designation.



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Designation of Beneficiary

Offender:	Thomas Smith	File#	5555
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This form is not effective until received by the VT Restitution Unit.

This form cancels and replaces all prior designations of beneficiaries.

Please use ink to complete this form.

Victim Name: _____ Date of Birth: __/__/____

Address: _____

Box 1 Primary/Joint Primary Beneficiaries

* Total percentage must equal 100%

1. Name: _____ Date of Birth: __/__/____

Address: _____

Relationship: _____ % *

2. Name: _____ Date of Birth: __/__/____

Address: _____

Relationship: _____ % *

Box 2 Contingent/Joint Contingent Beneficiaries

*Total Percentage must equal 100%

1. Name: _____ Date of Birth: __/__/____

Address: _____

Relationship: _____ % *

2. Name: _____ Date of Birth: __/__/____

Address: _____

Relationship: _____ % *



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Acknowledgement Before a Notary – Required

Victim Name (printed) *Victim Signature* *Date*

State of _____, County of _____

On this _____ day of _____, 20____, personally appeared the signer of this Designation of Beneficiary, and made oath to the truth of the foregoing.

Notary Public: _____

(signature)

Printed notary name: _____

Commission number: _____

My commission expires: _____