

DESIGNATION OF BENEFICIARY

This designation form cancels and replaces any designation previously signed for this purpose and shall remain in effect until cancelled in my writing.

On sufficient proof of identity, the appointing power shall release the warrants and checks to the designee listed below. The designee who receives a warrant or check is entitled to negotiate it as if the payee.

EMPLOYEE NAME _____ DATE _____

SOCIAL SECURITY NUMBER _____

SIGNATURE _____

As provided in Section 53245 of the California Government Code, in the event of my death, I hereby designate the following person to receive all warrants or checks that will be payable to me from the ETIWANDA SCHOOL DISTRICT.

NAME OF DESIGNEE _____

SOCIAL SECURITY NUMBER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

In the event that the person indicated above predeceased me I hereby designate the following person as a second beneficiary.

NAME OF DESIGNEE _____

SOCIAL SECURITY NUMBER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

NOTE: IT IS IMPORTANT THAT YOU UPDATE THIS FORM WHEN CHANGES OCCUR THAT WOULD AFFECT YOUR DESIGNATION OF BENEFICIARY.