

DESIGNATION of BENEFICIARY(IES)
(as per Government Code Section 53245)

Salary/Wages, Leave and Compensatory Time Banks

(please print unless specified)

For purposes of distributing all monies that would have been payable directly to me but for my death (including, but not limited to, all salary/ wages, all accrued sick/vacation/annual leave, all banked compensatory time, all expense reimbursement claims, all dependent/health care reimbursement claims, etc), upon my death, all proceeds are to go directly to:

Beneficiary's Name _____

Beneficiary's Birth Date _____

Beneficiary's Address _____

City/State/Zip _____

Relationship _____

I certify (or declare under the penalty of perjury) that the information provided above is true and correct to the best of my knowledge and belief and accurately reflects my express desires with respect to distribution of the named funds upon my demise.

EMPLOYEE NAME (Print): _____ EmpIID _____

EMPLOYEE SIGNATURE (date)

NOTE TO EMPLOYEE: If you are married and you do not designate your spouse as your primary beneficiary, your spouse must sign the consent found below:

Spousal Consent: I hereby consent to the beneficiary(ies) listed above. I understand that: (1) the effect of this designation is to cause some or all of my spouse's benefits to be paid to someone other than me; (2) that each beneficiary designation will not be considered valid unless I consent to it; and, (3) my consent is irrevocable unless my spouse revokes the beneficiary designation.

Signature of Spouse: _____ Date _____

CC: Human Resources Personnel File