

**DESIGNATION OF BENEFICIARY
PAY WARRANT**

EMPLOYEE NAME _____ Date of Birth _____

EIN (Employee ID Number)/LAST 4 OF SOCIAL SECURITY # _____

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:

ELK GROVE UNIFIED SCHOOL DISTRICT

NAME OF DESIGNEE _____

SOCIAL SECURITY NUMBER _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER _____

In the event that the person indicated above predeceases me, I hereby designate the following person as a secondary beneficiary.

NAME OF SECONARY DESIGNEE _____

SOCIAL SECURITY NUMBER _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER _____

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

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

SIGNATURE _____

DATE _____

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