CITY OF SACRAMENTO

DESIGNATION OF PERSON AUTHORIZED TO RECEIVE WARRANTS

Government Code § 53245

EMPLOYEE INFORMATION Please print

Name (Last, First, Middle) EMPLID Social Security Number

Address (Street Address, City, ST, and Zip)

I hereby designate the following person who, notwithstanding any other provision of the law, shall be entitled **upon my death** to received all City of Sacramento warrants that would have been payable to me had I survived. NOTE: Direct deposits payments are not subject to the provisions of the designation.

Important: This in NOT a designation for payment of death benefits and refund of employee retirement contributions. A CalPERS form PERS-BSD-241 must be completed to file a designation with CalPERS for death benefits.

DESIGNEE (Must be 18 years or age or older)

Name (Last, First, MI) Telephone Number

SSN # _____ DOB _____

Address (Street Address, City, ST, and Zip)

I hereby revoke any previous designations filed by me.

If the above named designee does not file a written request with the Benefits/Retirement office of City of Sacramento for such warrants within sixty (60) days after the date of my death, this designation shall be and become null and void.

This designation will remain in full force and effect during my employment with the City of Sacramento until revoked or changed in writing by me.

Employee Signature Date

Signature of Authorized Personnel Date

Printed Name of Authorized Personnel