



FOR OFFICIAL USE ONLY	
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PAY WARRANT BENEFICIARY DESIGNATION FORM

PRIMARY BENEFICIARY

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 **SACRAMENTO COUNTY OFFICE OF EDUCATION**.

First Name	Middle Name	Last Name	
Social Security Number		Relationship	
Address (No. & Street)	City	State	Zip

SECONDARY BENEFICIARY

In the event I survive the person named above, I hereby designate the following person, if he/she survives me, to receive all warrants or checks that will be payable to me from the **SACRAMENTO COUNTY OFFICE OF EDUCATION**.

First Name	Middle Name	Last Name	
Social Security Number		Relationship	
Address (No. & Street)	City	State	Zip

This designation form cancels and replaces any previously signed pay warrant beneficiary form and shall remain in effect until cancelled in writing.

Upon sufficient proof of identity, the Superintendent or designee shall release the warrants or checks to the above designee. The designee who receives the check or warrant is entitled to negotiate it as if he/she were the payee.

Employee First Name	Middle Name	Last Name	Social Security Number
Signature		Date	

NOTE: IT IS IMPORTANT THAT YOU UPDATE THE FORM WHEN CHANGES OCCUR.