

County of Sacramento



LAST WARRANT DESIGNEE

A. EMPLOYEE INFORMATION			
Last Name	First Name	Middle Initial	Personnel Number
Department	Phone	Other	

B. PRIMARY DESIGNEE(S)			
	Designee #1	Designee #2	Designee #3
Name			
Social Security Number			
Address			
City/State/Zip			
Telephone			
% To Be Given to Each Designee	%	%	%

C. CONTINGENT DESIGNEE(S)			
	Designee #1	Designee #2	Designee #3
Name			
Social Security Number			
Address			
City/State/Zip			
Telephone			
% To Be Given to Each Designee	%	%	%

D. To be completed only if you named a minor child(ren) as primary or contingent designee(s).		
Name of Child	Birthdate	% To Give to Each Child
Name of Guardian		
Address		
City/State/Zip		
Telephone		

Pursuant to the provisions of Section 53245 of the Government Code of the State of California, I hereby designate the above named person(s) who shall, upon my death, be entitled to receive all warrants or checks that would have been payable to me had I survived.

All previous designations are hereby revoked. Employee Signature: _____	All previous designations are hereby revoked. Witness Signature: _____
Date: _____ Phone: _____	Date: _____ Phone: _____

PLEASE READ THIS INFORMATION CAREFULLY

1. GENERAL INFORMATION:

1. Not completing this form properly may invalidate your primary or contingent designation.
2. The social security number is required for tax reporting purposes. This information is kept in the employees confidential personnel file.
3. If you designate a trust, please include the exact name of the trust and the trust date.
4. If you want to designate more than three (3) primary or contingent designees, complete that information in the box below. Make sure that you **sign** and **date** both sides of this form.
5. If you have any questions about how to complete this form, please contact either your department human resources office or call 874-6845.

Definitions:

- **Primary Designee(s)** will receive all of the warrants or checks, if living, at the time of your death. If you name more than one primary designee, the proceeds will be divided according to your specifications. (Use percentages, not dollar amounts.) Please use whole percentages and be sure that the percentages for each group of designees (Primary & Contingent) total 100%. If a primary designee is deceased, the percentage of the proceeds will be divided equally among the remaining primary designee.
- **Contingent Designee(s)** will receive the proceeds only if all of the primary designee(s) you named is/are deceased at the time of your death. If you name more than one contingent designee, the proceeds will be divided equally among the contingent designees unless you specify otherwise. (Use percentages, not dollar amounts.)

2. INSTRUCTIONS:

Please complete this form as follows:

1. Print or type information required. **DO NOT USE PENCIL, DO NOT ERASE OR CROSS OUT.** Please complete new form if you make any mistakes.
2. You may change this designation at any time, without the knowledge of or consent of the designee(s).
3. If you named a **minor child(dren)** as a designee(s) in section **B or C** please complete section **D**.
4. Sign and return completed form to Human Resources Department, 700 "H" Street, Sacramento, CA 95814, Room 5720.

Keep Your Designation Current. We recommend reviewing this form annually. Submit a New One If the Address of Your Designee(s) Changes or If Your Intentions Change (for example, due to a change in family status, such as marriage, divorce, death, birth, etc.).

Charity or Trust Designees

Complete this section only if you have a Charity or Trust you are designating to.

	Designee #1	Designee #2	Designee #3
<input type="checkbox"/> Primary Designee			
<input type="checkbox"/> Contingent Designee			
Name of Charity or Trust			
Tax ID number			
Address			
City/State/Zip			
Telephone			
% To Be Given to Each Designee	%	%	%
Employee Signature:		Date:	