



DESIGNATION OF BENEFICIARY

Employee Name:		Social Security #:	
Date of Birth:		Title:	

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 McFarland Unified School District.

Name of First Designee:		Name of Second Designee:	
Social Security #:		Social Security #:	
Address: (complete in section provided)		Address: (complete in section provided)	
City State Zip		City State Zip	

In the event that the first designee predeceases me I hereby designate the second designee as the beneficiary.

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

Note: It is important that you update this form when changes occur that would affect your designation of beneficiary.

Employee Signature:		Date:	
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Please return this form to:

Payroll Department
 601 2nd Street
 McFarland, CA 93250