Revised 05/22/23



Please note:

People, Culture, and Technology Services [Human Resources] | Payroll Office | Phone: 619-388-6582

## **Designation of Beneficiary Under Government Code §53245**

As provided in Section 53245 of the California Government Code, in the event of my death, I hereby designate the following as the person to receive all warrants or checks that will be payable to me from the District.

Beneficiary #1	Relationship:	
Name	Birthdate:	
Address:		
City/State:		
Phone:	Email:	
If the person indicated above predecease	es me, I hereby designate the following	person as a secondary beneficiary:
Beneficiary #2	Relationship:	
Name	Birthdate:	
Address:		
City/State:		
Phone:	Email:	
understand that it is my responsibility to ke in addition to and separate from the benefic California Public Retirement System, or in ar This designation form cancels and replaces a effect until a new form is received.	ciary designation filed with the State Tenny other will, codicils or like documents	eachers' Retirement System and/or the s. his purpose only and shall remain in
On sufficient proof of identity, the appointin designee who receives a warrant or check is	<del>-</del> ·	——————————————————————————————————————
Employee Name		Employee ID
Employee Signature		Date

In the event you get married after you have completed this form, per California Probate Code Section

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13601, your spouse is beneficiary by default.