

COUNTY OF SUTTER

(Gov. C., Sec. 53245)

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NAME OF EMPLOYING COUNTY AGENCY Sutter County	NAME OF EMPLOYEE (FIRST, MIDDLE, LAST)
CITY WHERE AGENCY LOCATED Yuba City	SOCIAL SECURITY NUMBER

Pursuant to Section 53245 of the Government Code, I hereby designate the following person who, notwithstanding any other provision of law, shall be entitled upon my death to receive all county warrants, excluding warrants or checks for payment of death benefits and refund of employee retirement contributions, that would have been payable to me had I survived: (NOTE: Direct deposit payments are not subject to the provisions of this designation.)
DESIGNEE (Must be 18 years of age or older)

NAME (FIRST, MIDDLE, LAST)	RELATIONSHIP	TELEPHONE NO.
ADDRESS	CITY, STATE & ZIP	AGE

I hereby revoke any previous designations filed by me.

If the above-named designee does not file a written request with the Human Resources Department of my employer county agency 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 County of Sutter until revoked in writing by me. This designation will terminate on the date of my permanent separation from said employment.

SIGNATURE OF EMPLOYEE	FOR AGENCY USE ONLY
ADDRESS	REVIEWED BY THE AGENCY HUMAN RESOURCES DEPARTMENT AND FILED
CITY, STATE, ZIP CODE	SIGNATURE OF AGENCY HUMAN RESOURCES DEPARTMENT Veronica Baumgardner
DATE SIGNED	TYPED NAME Veronica Baumgardner
	DATE

INSTRUCTIONS:

1. Complete this form in duplicate; typewritten or in ink.
2. Show designee's full name, for example "Mary Jane Smith", not Mrs. John E. Smith.
3. Show relationship of the person being designated such as wife, husband, daughter, son, mother, father, friend, etc.
4. Verify that the form is complete and correct. No erasures or corrections may be made in the writing of the name of the designee. If any error has been made, complete a new set of forms.
5. Sign both copies in ink. Submit both copies to your Human Resources Department. The duplicate copy will be returned to you for your record.
6. You may change your designation at any time, by filing a new designation with your Human Resources Department.
7. You may completely revoke a designation at any time by a letter to your employer signed by you in duplicate.
8. Inform your Human Resources Department when a change occurs in your designee's address.
9. You may wish to file a new designation upon any change in your marital status.