

DESIGNATION OF 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:

CAPISTRANO UNIFIED SCHOOL DISTRICT
San Juan Capistrano, California

NAME OF DESIGNEE _____

RELATIONSHIP _____

SOCIAL SECURITY NUMBER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

In the event that the person indicated above predeceases me I hereby designate the following person as a secondary beneficiary.

NAME OF SECONDARY DESIGNEE _____

RELATIONSHIP _____

SOCIAL SECURITY NUMBER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

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

Name (Please Print)

X X X - X X -
List last 4 digits of Social Security No.

Signature of Employee

Date

NOTE: IT IS IMPORTANT THAT YOU UPDATE THIS FORM WHEN CHANGES OCCUR THAT WOULD AFFECT YOUR DESIGNATION OF BENEFICIARY.