



**Berkeley Unified School District**

***Human Resources Department***

2020 Bonar Street, Suite 206

Berkeley, Ca 94702

(510) 644-6150

**DESIGNATION OF BENEFICIARY**

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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 the Berkeley Unified School District.

**NAME OF DESIGNEE** \_\_\_\_\_

**SOCIAL SECURITY NUMBER** \_\_\_\_\_

**ADDRESS**

\_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

In the event that the person indicated above predeceased me I hereby designate the following person as a second beneficiary:

**NAME OF DESIGNEE** \_\_\_\_\_

**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 in my 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.**

**EMPLOYEE NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_

**SIGNATURE**

\_\_\_\_\_

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