

DESIGNATION OF PERSON(S) AUTHORIZED TO RECEIVE WARRANTS**(GC § 12479)**

STD. 243 (Rev. 10/2019)

EMPLOYEE NAME (First, Middle, Last)

NAME OF EMPLOYING STATE AGENCY

AGENCY LOCATION (City)

Pursuant to Section 12479 of the Government Code, I hereby designate the following person(s), trust, estate, or corporation which, notwithstanding any other provision of the law, shall be entitled **upon my death** to receive all state warrants that would have been payable to me had I survived.

NOTE: Direct deposit payments are not subject to the provisions of this designation.

Important: This is NOT a designation for payment of death benefits or refund of employee retirement contributions. A form PERS-BSD-241, Beneficiary Designation, must be completed to file a designation with the California Public Employees' Retirement System for death benefits.

PRIMARY DESIGNNEE (Must be 18 years of age or older)

| | | |
|--|--------------------------|------------------|
| PRIMARY DESIGNNEE NAME (First, Middle, Last) | RELATIONSHIP TO EMPLOYEE | TELEPHONE NUMBER |
| ADDRESS | CITY AND STATE | ZIP CODE |

CONTINGENT DESIGNNEE(S) (Must be 18 years of age or older)

| | | |
|--|--------------------------|------------------|
| FIRST CONTINGENT DESIGNNEE NAME (First, Middle, Last) | RELATIONSHIP TO EMPLOYEE | TELEPHONE NUMBER |
| ADDRESS | CITY AND STATE | ZIP CODE |
| SECOND CONTINGENT DESIGNNEE NAME (First, Middle, Last) | RELATIONSHIP TO EMPLOYEE | TELEPHONE NUMBER |
| ADDRESS | CITY AND STATE | ZIP CODE |
| THIRD CONTINGENT DESIGNNEE NAME (First, Middle, Last) | RELATIONSHIP TO EMPLOYEE | TELEPHONE NUMBER |
| ADDRESS | CITY AND STATE | ZIP CODE |

I hereby revoke all designations that I have previously filed.

The primary designated person shall be the designated person that receives the warrants. If the primary designated person predeceases the employee, the next designated person who survives the employee will receive the warrant(s).

If the above-named designee does not file a written request with the personnel/payroll office of my employing state agency/campus 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 any California state agency/campus until revoked in writing by me.

FOR AGENCY/CAMPUS USE ONLY**REVIEWED BY THE PERSONNEL/PAYROLL OFFICE AND FILED**

| | | |
|---|---------------------------------|------|
| EMPLOYEE HOME ADDRESS | SIGNATURE OF AUTHORIZED OFFICER | |
| CITY, STATE, ZIP CODE | TYPED NAME | DATE |
| EMPLOYEE SIGNATURE (Please sign in ink) | DATE SIGNED | |

INSTRUCTIONS

- Complete this form; print clearly in ink or type all information requested.
- Show the full name of all designees; for example, "Mary Jane Smith", not Mrs. John E. Smith.
- Specify the relationship of each person designated, such as wife, husband, domestic partner, daughter, son, mother, father, parent, friend, etc.
- Verify that the form is complete and correct. No erasures or corrections may be made in the name of the primary designee or contingent(s). If any error has been made, complete a new form.
- Sign the form in ink and submit to your personnel/payroll office. A copy will be returned to you for your records.
- You may change your designation at any time by filing a new form STD. 243 with your personnel/payroll office.
- You may completely revoke a designation at any time by submitting either of the following with original signature: A new form STD. 243 indicating "NONE" for the primary designee name or a letter to your employer.
- Inform your personnel/payroll office when a change occurs in your primary designee's or contingent's address.
- You may wish to file a new designation upon any change in your marital or domestic partnership status.