

Designation of Person(s) Authorized To Receive Warrants

First Name	Middle Initial	Last Name		Sac State Employee ID#	
Address	City	State	Zip Code	Telephone Number	
Name of Employing State Agency		Agency Location (Ci	ty)		
notwithstanding any oth to me had I survived. N designation for payment	79 of the Government Code, I hereby her provision of the law, shall be entitl OTE: Direct deposit payments are no t of death benefits or refund of emplo completed to file a designation with the	ed upon my death to receive all ot subject to the provisions of the yee retirement contributions. A	state warrants that w is designation. Impo form PERS-BSD-24	vould have been payable rtant: This is NOT a 41, Beneficiary	
	Primary Designee	(Must be 18 years of age or	older)		
Primary Designee Name	e (First,Middle,Last)			Relationship to Employee	
Address	City	State	Zip Code	Telephone Number	
	Contingent Designee(s) (Must be 18 years of age	e or older)		
First Contingent Design	ee Name (First,Middle,Last)			Relationship to Employee	
Address	City	State	Zip Code	Telephone Number	
Second Contingent Des	ignee Name (First,Middle,Last)		Relationship to Employee		
Address	City	State	Zip Code	Telephone Number	
Third Contingent Desig	nee Name (First,Middle,Last)			Relationship to Employee	
Address	City	State	Zip Code	Telephone Number	

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.