

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 St	ate Agency	Agency Location (C	ity)	
notwithstanding any otl to me had I survived. N designation for paymen	479 of the Government Code, I hereby ther provision of the law, shall be entitled IOTE: Direct deposit payments are not at of death benefits or refund of employempleted to file a designation with the Complex Primary Designee (1)	d upon my death to receive all subject to the provisions of the ee retirement contributions. A	l state warrants that v his designation. Impo A form PERS-BSD-24 Retirement System fo	would have been payable ortant: This is NOT a 41, Beneficiary
			·	Relationship to Employe
Address	City	State	Zip Code	Telephone Number
Address	·) (Must be 18 years of ag	-	receptione (varioe)
First Contingent Design	nee Name (First,Middle,Last)			Relationship to Employee
Address	City	State	Zip Code	Telephone Numbe
Second Contingent Des	signee Name (First,Middle,Last)			Relationship to Employee
Address	City	State	Zip Code	Telephone Number
Third Contingent Designee Name (First, Middle, Last)			Relationship to Employee	
Address	City	State	Zip Code	Telephone Number
receives the warrants. employee will receive office of my employin designation shall be a	signations that I have previously file. If the primary designated person pr the warrant(s). If the above-named on ag state agency/campus for such war and become null and void. This designate agency/campus until revoked in	edeceases the employee, the designee does not file a writer rrants within sixty (60) days gnation will remain in full for	e next designated p tten request with th after the date of m	person who survives the e personnel/payroll y death, this
 Signature		Date		