



## Designation of Beneficiary

Student Employee's Name: \_\_\_\_\_  
(Please print your legal name as it appears on your social security card)

Social Security #: \_\_\_\_\_

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 Rancho Santiago Community College District.

*For this form to be valid all fields must be complete. Designees must be at least 18 years of age.*

1<sup>st</sup> Designee: \_\_\_\_\_  
(Please print legal name of designated beneficiary)

Said designee is my: ☐ child ☐ husband ☐ wife ☐ registered domestic partner  
☐ parent ☐ estate ☐ trust ☐ other \_\_\_\_\_  
☐ no designee at this moment

Designee's Social Security #: \_\_\_\_\_

Designee's Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

2<sup>nd</sup> Designee: \_\_\_\_\_  
(Please print legal name of designated beneficiary)

Said designee is my: ☐ child ☐ husband ☐ wife ☐ registered domestic partner  
☐ parent ☐ estate ☐ trust ☐ other \_\_\_\_\_  
☐ no designee at this moment

Designee's Social Security #: \_\_\_\_\_

Designee's Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

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 he/she is the payee.

Student Employee's Signature: \_\_\_\_\_ *\*REQUIRED\** Date: \_\_\_\_\_

**Note:** *It is important that you update this form when changes occur that would affect your designation of beneficiary.*