

**CITY OF SACRAMENTO**  
**DESIGNATION OF PERSON AUTHORIZED TO RECEIVE WARRANTS**  
*Government Code § 53245*

**EMPLOYEE INFORMATION** (Please Print)

\_\_\_\_\_  
Name (Last, First, Middle) Employee ID Social Security Number

\_\_\_\_\_  
Address (Street Address, City, State and Zip Code)

I hereby designate the following person who, notwithstanding any other provision of the law, shall be entitled **upon my death** to receive all City of Sacramento 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 CalPERS death benefits or refund of employee CalPERS retirement contributions. The CalPERS Pre-Retirement Lump-Sum Beneficiary Designation form must be completed to file a designation with California Public Employees' Retirement System (CalPERS) for death benefits. <https://www.calpers.ca.gov/>

**DESIGNEE INFORMATION** (Must be 18 years of age or older)

\_\_\_\_\_  
Name (Last, First, Middle) Telephone Number

XXX-XX-\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Address (Street Address, City, State and Zip Code)

I hereby revoke any previous designations filed by me.

If the above-named designee does not file a written request with the Benefits/Retirement office of City of Sacramento for such warrants within sixty (60) days after the date of my death, this designation shall become null and void.

This designation will remain in full force and effect during my employment with the City of Sacramento until revoked or changed in writing by me.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Authorized HR Personnel

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Authorized HR Personnel (Please Print)