

**DESIGNATION OF PERSON AUTHORIZED TO RECEIVE WARRANTS (Gov. C., Sec. 12479)**

STD. 243 (REV. 2-95)

**Submit two copies of a completed form STD. 243 with original signatures to your personnel/payroll office.**

EMPLOYEE NAME (First, Middle, Last)	SOCIAL SECURITY NUMBER
NAME OF EMPLOYING STATE AGENCY	CITY WHERE AGENCY LOCATED

Pursuant to Section 12479 of the Government Code, I hereby designate the following person who, 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 and refund of employee retirement contributions. A form STD. 241, Beneficiary Designation (PERS), must be completed to file a designation with the Public Employees' Retirement System for death benefits.

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

DESIGNEE NAME (First, Middle, Last)	SOCIAL SECURITY NUMBER	AGE	TELEPHONE NUMBER
ADDRESS	CITY AND STATE	ZIP CODE	

I hereby revoke any previous designations filed by me.

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.

		<b>FOR AGENCY/CAMPUS USE ONLY</b>	
		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 both copies in ink) ▷	DATE SIGNED		

**INSTRUCTIONS**

- Complete this form in duplicate; typewritten or in ink.
- Show designee's full name; for example, "Mary Jane Smith," not Mrs. John E. Smith.
- Verify that the form is complete and correct. No erasures or corrections may be made in the name of the designee. If any error has been made, complete a new set of forms.
- Sign both copies in ink. Submit both copies to your personnel/payroll office. The duplicate 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 a new form STD. 243 indicating "NONE" for the designee name or a letter to your employer. Two copies with original signatures are required.
- Inform your personnel/payroll office when a change occurs in your designee's address.
- You may wish to file a new designation upon any change in your marital status.

**PRIVACY NOTICE**

The Information Practices Act of 1977 (Civil Code Section 1798.17) and the Federal Privacy Act (Public Law 93-579) require that this notice be provided when collecting personal information from individuals.

Information requested on this form is used by the employing personnel/payroll office for the sole purpose of identifying the designee authorized to receive warrants payable to the employee had he/she survived.

Legal references authorizing maintenance of this information include the Government Code Section 12479 and the State Administrative Manual Section 8477.1-8477.27.

This form and all personal information contained therein is maintained by the employing personnel/payroll office. Employees have the right of access to copies of their Designation of Person Authorized to Receive Warrants form upon request.