

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

STD. 243 (REV. 12/2004)

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

EMPLOYEE NAME (First, Middle, Last)

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)

RELATIONSHIP TO EMPLOYEE

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.

**FOR AGENCY/CAMPUS USE ONLY**

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**

1. Complete this form in duplicate; typewritten or in ink.
2. Show designee's full name; for example, "Mary Jane Smith," not Mrs. John E. Smith.
3. Specify the relationship of the person designated, such as, wife, husband, domestic partner, daughter, son, mother, father, parent, friend, etc.
4. 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.
5. Sign both copies in ink. Submit both copies to your personnel/payroll office. The duplicate copy will be returned to you for your records.
6. You may change your designation at any time by filing a new form STD. 243 with your personnel/payroll office.
7. 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.
8. Inform your personnel/payroll office when a change occurs in your designee's address.
9. You may wish to file a new designation upon any change in your marital or domestic partnership status.