

CITY OF TORRANCE

TO: **Human Resources Department**

SUBJECT: **DESIGNATION OF BENEFICIARY TO RECEIVE
SALARY WARRANTS OR CHECKS**

As provided in Section 53245 of the Government Code, I may designate a person, notwithstanding any other provision of law, to receive upon my death all salary warrants or checks that I would have received if I had survived. Additionally, the designated person will receive any warrants or checks due for accumulated sick leave or vacation time, or other cash out funds as prescribed in the memorandum of understanding applicable to my regular job classification.

The person so designated shall claim such warrants or checks only upon providing sufficient proof of identity and is entitled to negotiate them as if he/she were the payee.

I HEREBY DESIGNATE: _____
Full name and Relationship (Please type or print)

Street Address

City, Zip Code & Telephone number

as the person entitled to receive, upon my death, all warrants or checks payable to me upon providing sufficient proof of his/her identity to the City.

Print Name

Employee Signature

Date