



# BENEFICIARY DESIGNATION FOR LAST WARRANT

Must print in Black or Blue ink ONLY

Employee ID	Last Name, First Name	Department
-------------	-----------------------	------------

## Status

Check applicable box:

☐ **Single** (widowed, divorced, etc)

☐ **Married**

**Note:** If the employee is married, the employee must designate their spouse unless legally divorced, or spouse consents otherwise. Consent of Spouse is required only if the designation is someone other than the spouse.

☐ **Registered Domestic Partnership** pursuant to CA Family Code Sections 297 et seq.

**Note:** If the employee is in a registered domestic partnership, the employee must designate the domestic partner unless their domestic partner consents otherwise. Consent of the domestic partner is required only if the designee is someone other than the domestic partner.

Pursuant to Section 53245 of the State of California Government Code and Section 850-853 of the CA Family Code, I designate the following person who, notwithstanding any other provision of law, shall be entitled, upon my death, to receive all County warrants, excluding warrants for payment of death benefits and refund of employee retirement contributions, that would have been payable to me had I survived.

## Designee Information

(Refer to page 2 for Employee Information)

Last Name, First Name or Trust	Relationship to Employee		Date of Birth
Mailing Address	City	State	Zip Code

**Note:** The social security number of the designee will be required before money can be released to the designee.

## Consent of Spouse/Registered Domestic Partner

(Spousal/registered domestic partner consent is required only if the designation is someone other than the spouse/registered domestic partner)

I understand that by signing this form, I consent to the above designation.

Spouse/Registered Domestic Partner Name (Print & Sign)	Date
--	------

- This designation will remain in full force and effect during my employment with San Bernardino County unless revoked by me in writing.
- This designation will terminate on the date of my separation from County employment.

Employee Signature	Date
--------------------	------

Payroll Specialist Name (Print & Sign)	Telephone	Date
--	-----------	------

DISTRIBUTION: Original - New Hires - EMACS-HR (0030)  
All Others - Central Payroll (0032)

Office Use	
Verify By	Date

# EMPLOYEE INFORMATION

## Beneficiary Designation for Last Warrant will be denied by Central Payroll if:

- ◆ Designee name or trust is not legible or has been altered, (i.e., white-out, line through, written over)
  - ◆ Address of designee or trust is not legible
1. This form is used to designate the person who is entitled to receive all pay warrants for time worked and payment of leave balances in the event of the employee's death. If not completed, there will be a delay of up to 40 days for release of the funds.
  2. Employee may only designate **one (1)** person
  3. The following fields must be completed:
    - ◆ Indicate the designee's full name; for example, "Mary Jane Smith", not "Mrs. John Smith"
    - ◆ A trust may be designated by the employee. Under Last Name, First Name or Trust, write: "To the Trust (or Estate) of...." Central Payroll will require proof of the executor of the trust (estate).
    - ◆ Indicate the relationship of the person being designated such as wife, husband, registered domestic partner, daughter, son, mother, father, friend, etc. A minor child may be designated; however, Central Payroll will require proof of guardianship from an adult who has legal custody of that minor child prior to funds being released.
      - Same-sex domestic partnerships between persons who are both at least 18 years of age or opposite sex domestic partnerships when one or both persons are age 62 or older, are eligible to register a domestic partnership with the Secretary of State.
    - ◆ Indicate the date of birth of the designee
    - ◆ Indicate the complete mailing address of the designee
    - ◆ Obtain consent and date from spouse or registered domestic partner, if applicable
    - ◆ Employee must sign and date form
  4. A valid designation will become effective the date it is received by EMACS-HR or Central Payroll
  5. Changes to Designation
    - ◆ If you wish to make any changes to your designation, such as, name change, new designee, new designee mailing address, etc., you must complete a new form and submit to your department payroll specialist
  6. Retain a copy of this form for your records and submit original to your department payroll specialist
  7. The County will make a reasonable effort to contact the designee by the mailing address listed on the Beneficiary Designation for Last Warrant form. It is recommended that the employee notify their designee of their status so that the employee may update records as appropriate.