



Employee: _____
Last Name, First Name

WARRANT RECIPIENT DESIGNATION

As provided in Section 53245 of the California Government Code, in the event of my death I hereby designate the following person to receive any and all warrants payable to me issued by the Santa Monica College District:

_____		_____	
Primary Designee's Name in Full		Relationship	

Address	City	State	Zip

_____		_____	
Contingent Designee's Name in Full		Relationship	

Address	City	State	Zip

This designation form cancels and replaces any designation previously signed for this purpose and shall remain in effect until cancelled in my writing.

It is expressly understood and agreed that the College District is not obligated to deliver said warrants to the person designated above unless the designated person claims such warrants from the College District and provides the College District with sufficient proof of identity.

Employee Signature

Date