

CITY OF OAKLAND

DESIGNATION OF PERSON TO RECEIVE CHECKS ON DEATH

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ENTER YOUR SOCIAL SECURITY NUMBER

\_\_\_\_\_  
PLEASE PRINT YOUR NAME

\_\_\_\_\_  
PLEASE PRINT YOUR JOB TITLE

On My death, \_\_\_\_\_  
PLEASE PRINT NAME OF DESIGNEE

upon sufficient proof of identity, shall be entitled to receive all warrants or checks that would have been payable by the City of Oakland to me had I survived.

The above named person(s) presently reside at \_\_\_\_\_

Relationship of above named person(s) \_\_\_\_\_

Alternate designee if any \_\_\_\_\_, Relationship \_\_\_\_\_

Address: \_\_\_\_\_

This designation is not irrevocable and may be changed from time to time.

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

NOTE: It is the employee's responsibility to complete a revised Designation of Person to Receive Checks on Death form should there be any changes in your initial designee (beneficiary).

EMPLOYEE: RETAIN PINK COPY

DISTRIBUTION: WHITE - PERSONNEL  
CANARY- INITIATING DEPARTMENT  
PINK - EMPLOYEE