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STATE OF CALIFORNIA – STATE CONTROLLER'S OFFICE

DESIGNATION OF PERSON(S) AUTHORIZED TO RECEIVE WARRANTS (GC § 12479)

STD. 243 (Rev. 09/2022)

EMPLOYEE NAME (First, Middle, Last)

NAME OF EMPLOYING STATE AGENCY	AGENCY LOCATION (City)
CSU San Marcos	San Marcos

Pursuant to Section 12479 of the Government Code, I hereby designate the following person(s), trust, estate, or corporation which, 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 or refund of employee retirement contributions. A form PERS-BSD-241, Beneficiary Designation, must be completed to file a designation with the California Public Employees' Retirement System for death benefits.

PRIMARY DESIGNEE *(Must be 18 years of age or older)*

PRIMARY DESIGNEE NAME *(First, Middle, Last)*	RELATIONSHIP TO EMPLOYEE	TELEPHONE NUMBER
ADDRESS	CITY AND STATE	ZIP CODE

CONTINGENT DESIGNEE(S) *(Must be 18 years of age or older)*

FIRST CONTINGENT DESIGNEE NAME *(First, Middle, Last)*	RELATIONSHIP TO EMPLOYEE	TELEPHONE NUMBER
ADDRESS	CITY AND STATE	ZIP CODE
SECOND CONTINGENT DESIGNEE NAME *(First, Middle, Last)*	RELATIONSHIP TO EMPLOYEE	TELEPHONE NUMBER
ADDRESS	CITY AND STATE	ZIP CODE
THIRD CONTINGENT DESIGNEE NAME *(First, Middle, Last)*	RELATIONSHIP TO EMPLOYEE	TELEPHONE NUMBER
ADDRESS	CITY AND STATE	ZIP CODE

I hereby revoke all designations that I have previously filed.

The primary designated person shall be the designated person that receives the warrants. If the primary designated person predeceases the employee, the next designated person who survives the employee will receive the warrant(s).

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.

EMPLOYEE HOME ADDRESS	
CITY, STATE, ZIP CODE	
EMPLOYEE SIGNATURE	DATE SIGNED

FOR AGENCY/CAMPUS USE ONLY

REVIEWED BY THE PERSONNEL/PAYROLL OFFICE AND FILED

SIGNATURE OF AUTHORIZED OFFICER	
TYPED NAME	DATE

INSTRUCTIONS

1. Complete this form; print clearly in ink or type all information requested.
2. Show the full name of all designees; for example, "Mary Jane Smith", not Mrs. John E. Smith.
3. Specify the relationship of each 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 primary designee or contingent(s). If any error has been made, complete a new form.
5. Sign the form and submit to your personnel/payroll office. A 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 of the following with signature: A new form STD. 243 indicating "NONE" for the primary designee name or a letter to your employer.
8. Inform your personnel/payroll office when a change occurs in your primary designee's or contingent's address.
9. You may wish to file a new designation upon any change in your marital or domestic partnership status.