HUMAN RESOURCE SERVICES
1515 Hughes Way, Long Beach, California 90810
Phone: (562) 997-8208 Fax (562) 997-8298
HRShelp@lbschools.net

Beneficiary Information

In the event of your death, salary or other monies may be owed to you as an employee of our district. The form below permits immediate release of any warrants (checks) to a person you designate. This can assist in time of family stress or financial need.

Warrant(s) Recipient Designation

Under the provisions of Section 53245 of the California Government Code, in the event of my death I hereby designate the following named person to be entitled to receive all warrants payable to me by the Long Beach Unified School District had I survived:

No. 1 _____ _____
Designee's Full Name Relationship

_____
Address City State Zip Code

_____ _____
Designee's Cellphone Number Alternative Phone Number

or in the event of death of Designee #1:

No. 2 _____ _____
Designee's Full Name Relationship

_____
Address City State Zip Code

_____ _____
Designee's Cellphone Number Alternative Phone Number

This designation cancels and replaces any previously signed by me for this purpose and shall remain in effect until canceled in writing by me.

It is expressly understood and agreed that the Long Beach Unified School District is not obligated to deliver said warrants to the person designated hereinabove unless said designated person, within two years after the date of said warrant or warrants, claims said warrants from the Long Beach Unified School District and provides to said School District sufficient proof of identity pursuant to the provisions of Section 53245 of the California Government Code.

_____ _____
Signature Date

_____ _____
Print Name Employee Number or Social Security Number

Return this form to Human Resource Services