



Home/Street Address:		City, State and Zip Code			
Mailing Address: (if different from home address)		City, State and Zip Code:			
Home Phone:	Cell / Other Phone &/or email address:	Marital Status:	<input type="checkbox"/> Registered	Gender:	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 R Q E L Q D U \

Assistants complete designation on CSU SPAR

Pursuant to Section 12479 of the Government Code, I hereby designate the following person who, notwithstanding any other provisions, shall be entitled upon my death to receive all state warrants available for payment of death benefits and refund employee retirement contributions that would have been payable to me had I survived.

Must be 18 years of age or older

Name (First, Middle, Last):	Relationship:	Phone Number:
Street Address:		City, State and Zip Code:

I hereby revoke any previous designations filed by me. If the above named designee does not file a request with the Human Resources Office of my employer state agency for such warrants within sixty (60) days after my death, this designation shall be null and void. This designation will remain in full force and effect during my employment with any California state agency until revoked in writing by me. This designation will terminate on the date of my separation from said employment. I hereby subscribe to this statement by signing below.

PRIVACY NOTICE: The Information Practices Act of 1977 (civil Code Section 1798.17) and the Federal Privacy Act (5 USC 552a) require that this notice be provided when collecting personal information from individuals. Information received is used by the employing personnel/payroll office for the sole purpose of identifying the designee authorized to receive warrants payable to the he/she survived. Legal references authorizing maintenance of this information are mandated by Government Code Section 12479 and the State Administrative Manual Sections 84777.27. Providing personal information is mandatory compliance in providing your social security number and name will delay the identification and release of state warrants furnished on this form may be transferred to the following governmental agencies: State Controller's Office, Federal Internal Revenue Service, California State Franchise Tax Board, other state income tax bureaus and other governmental entities when required. This form and all personal information contained therein are maintained by the personnel/payroll office. Employees have the right of access to copies of their Designation of Person Authorized to Receive Warrants form upon request.

IV. SIGNATURE SECTION

Signature of Employee:	Date Signed:
_____ Authorized Official's Signature	_____ Title
Trustees of the California State University and Colleges	California State University, Channel Islands