



City of Oakland

Designation of Person to Receive Checks on Death

Full Name

Social Security Number

Job Title

On my death,

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).

To be completed by new employee or current employee.
Submit to Dept Payroll Rep.