

CHECK(S) RECIPIENT DESIGNATION

Under the provisions of Section 53245 of the California Government Code, in the event of my death I, _____
Employee Name
hereby designate the following named person to be entitled to receive all checks payable to me by the County of Humboldt had I survived:

Designee’s Name in Full	Relationship
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Address (Street, City and State)

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 County of Humboldt is not obligated to deliver said checks to the person designated herein-above unless said designated person, within two years after the date of said check or checks, claims said checks from the Auditor-Controller of the County of Humboldt and provides to said Auditor-Controller sufficient proof of identity pursuant to the provisions of Section 53245 of the California Government Code.

Date	Employee’s Signature
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