



# CITY OF PINOLE

## HUMAN RESOURCES

2131 Pear Street  
Pinole, CA 94564

Phone: (510) 741-3864  
FAX: (510) 724-9826

### Designation of Person

Under Section 53245 Government Code, State of California

I, \_\_\_\_\_, an employee of City of Pinole, do hereby appoint the following to be the person(s) entitled to receive all warrants and checks upon my death which would have been due and payable to me had I survived.

### Primary Beneficiary Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

### Secondary Beneficiary Information

In the event the Primary Beneficiary is unable to accept, I designate the following person as my secondary beneficiary.

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_