

18422 Bear Valley Road, Victorville, CA 92395-5849 • 760-245-4271, ext. 2455

DESIGNATION OF BENEFICIARY

As provided in Section 53245 of the California Government Code, in the event of my death, I hereby designate the following person to receive all warrants or checks that will be payable to me from the VICTOR VALLEY COMMUNITY COLLEGE DISTRICT.

NAME OF DESIGNEE:			
SOCIAL SECURITY NUMER	R: XXX-XX(Options	al)	_
ADDRESS:			_
CITY	STATE	ZIP	_
In the event that the person incoperson as a second beneficiary	-	I me I hereby designate the following	
NAME OF DESIGNEE:			
SOCIAL SECURITY NUME	R: XXX-XX(Optional		_
ADDRESS:			_
CITY:	STATE:	ZIP:	_
The designation form cancels and shall remain in effect until		ion previously signed for this purpose	
		all release the warrants or checks to the r check is entitled to negotiate it as if the	
		DATE:	
(Please	Print)		
SIGNATURE:			
		DATE THIS FORM WHEN AFFECT YOUR DESIGNATION O	<u>F</u>

Created: 03/29/10

BENIFICARY.