



City of Pomona

Checks Recipient Designation Form

Under the provisions of Section 53245 of the California Government Code, in the event of my death, I hereby designate the following named person to be entitled to receive all warrants/checks payable to me by the City of Pomona had I survived:

Employee Name

Department

Designee's Name in Full

Designee's Social Security #

Relationship

Address (Street, City and State)

Alternate designee in case of the death of the designee:

Alternate Designee's Name in Full

Alt. Designee's Social Security #

Relationship

Address (Street, City and State)

This designation cancels and replaces any previously signed by me for this purpose and shall remain in effect until cancelled in writing by me.

It is expressly understood and agreed that the City of Pomona 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 City of Pomona and provides to said city sufficient proof of identity pursuant to the provisions of Section 53245 of the California Government Code.

Signature

Date