

STATE OF CALIFORNIA
STATE EMPLOYEES' RETIREMENT SYSTEM
MEMBERSHIP FORM

(Complete on first day employed—Submit Through Department—Read Instructions on Reverse)

To the BOARD OF ADMINISTRATION, STATE EMPLOYEES' RETIREMENT SYSTEM

From Mental Hygiene Mendocino State Hospital
OFFICE OR DEPARTMENT DIVISION OR OTHER MAJOR UNIT

The following information is submitted relative to my membership in the State Employees' Retirement System in accordance with the provisions of the Retirement Law:

EMPLOYER CODE (RET. USE)	MER. ACCT. CODE (RET. USE)	FIRST NAME	INITIAL	LAST NAME	CONTRIBUTION RATE	S	NS	OASDI	SEX M OR F	MEMBERSHIP DATE NO. DAY YR.	BIRTH DATE NO. DAY YR.
		Marceline	M.	Jones	7.97%	1	0	8	F	10 18 65	1 8 27
OCC. CODE (RET. USE)	CONTROLLER'S DISBURSING DISTRICT			EMPLOYEE NO.	POSITION NUMBER			BENEFIT CODE (RET. USE)	PROCESS DATE (RET. USE)		
	SAC	S.P.	C.L.A.	306-24-2805	AGENCY	UNIT	CLASS	SERIAL			
		X			472	363	8138	001			

13. NAME OF PREVIOUS PUBLIC AGENCY, STATE OR UNIVERSITY EMPLOYER: _____
 DATES: FROM _____ TO _____

14. I hereby revoke any previous designation of beneficiary which may be inconsistent herewith, and hereby designate as my first beneficiary or beneficiaries, SHARE AND SHARE ALIKE, or the survivor if more than one is designated:

FIRST NAME	MIDDLE NAME	LAST NAME	NUMBER AND STREET	CITY, ZONE AND STATE	RELATIONSHIP
Janece	W.	Jones	Rt. #1 Box 4021	Reedwood Calif.	Wife

or, in the event that I should survive the person or persons so designated, then I designate as my second beneficiary, or beneficiaries, SHARE AND SHARE ALIKE, or the survivor if more than one is designated:

FIRST NAME	MIDDLE NAME	LAST NAME	NUMBER AND STREET	CITY, ZONE AND STATE	RELATIONSHIP
Stephan	A.	Jones	Rt. #1 Box 4021	Reedwood Calif.	Son

as beneficiary or beneficiaries to whom I request and authorize the Board of Administration, State Employees' Retirement System, to pay any benefit which may be payable because of my death as a member of the Retirement System.

Should I survive the above named beneficiary or beneficiaries, I request and authorize that such death benefit be paid to my estate or to such other beneficiary or beneficiaries as I may hereafter designate in writing duly filed with the Board of Administration, all in accordance with provisions of the Retirement Law.

15. Marceline M. Jones
 WITNESS—OTHER THAN BENEFICIARY
430 4th Rosa St.
 ADDRESS: NUMBER AND STREET
Ukiah Calif.
 CITY ZONE

16. Signature of Employee:
Marceline M. Jones
 FIRST NAME MIDDLE NAME LAST NAME
Rt. #1 Box 4021
 ADDRESS: NUMBER AND STREET
Reedwood Calif.
 CITY ZONE
Oct. 17 1965
 DATE
 Maiden Name Marceline Jane Padden
 (AND OTHER NAMES UNDER WHICH PREVIOUSLY EMPLOYED)

STATE OF CALIFORNIA
 DESIGNATION OF PERSON AUTHORIZED
 TO RECEIVE WARRANTS (Gov. C., Sec. 12479)
 STD FORM 243

NAME OF EMPLOYEE (FIRST, MIDDLE, LAST) Marceline M. Jones	EMPLOYEE NUMBER 306924-2805
---	---------------------------------------

Pursuant to Section 12479 of the Government Code, I hereby designate the following person who, notwithstanding any other provision of law, shall be entitled upon my death to receive all state warrants, excluding warrants for payment of death benefits and refund of employee retirement contributions, that would have been payable to me had I survived:

DESIGNEE

NAME (FIRST, MIDDLE, LAST) Rev. James W. Jones	RELATIONSHIP Husband	AGE 34
ADDRESS Rt. #1 Box 402j, Redwood Valley, Calif.	CITY AND STATE Redwood Valley, Calif.	

I hereby revoke any previous designations filed by me.
 If the above-named designee cannot be contacted within sixty (60) days after the date of my death this designation shall be and become null and void.
 This designation will remain in full force and effect during my employment with any California State Agency until revoked in writing by me. This designation will terminate on the date of my separation from said employment.

FOR AGENCY USE ONLY

REVIEWED BY AND DATE: 10-18-65 [Signature]
--

SIGNATURE OF EMPLOYEE [Signature]
ADDRESS Rt. #1 Box 402j
CITY AND STATE Redwood Valley, Calif.
DATE SIGNED Oct. 18, 1965

INSTRUCTIONS

1. Complete this form in duplicate; typewritten or in ink.
2. Show designee's full name; for example, "Mary Jane Smith", not Mrs. John E. Smith.
3. Show relationship of the person being designated such as wife, husband, daughter, son, mother, father, friend, etc.
4. Verify that the form is complete and correct. No erasures or corrections may be made in the writing of the name of the designee. If an error has been made, complete a new set of forms.
5. Sign both copies in ink. Submit both copies to your personnel office. The duplicate copy will be returned to you for your record.
6. You may change your designation at any time, by filing a new designation with your personnel office.
7. You may completely revoke a designation at any time by a letter to your employer signed by you in duplicate.
8. Inform your personnel office when a change occurs in your designee's address.

BB-18-N-3