STATE OF CALIFORNIA ESTATE EMPLOYEES' RETIREMENT SYSTEM MEMBERSHIP FORM (Complete on first day employed—Submit Through Department—Read Instructions on Reverse)

rom	Mental	Mendocino State Hospital										
		DEPARTMENT		DIVISION OR OTHER MAJOR UNIT								
The follow	ing information	ı is submitt	ted relative to	my memb	ership i	n the St	ate E	nploy	rees' R	etireme	ent Sy	ystem
. accordance	e with the provi	isions of th	e Retirement	Law:				4,				
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STATE OF CALIFORNIA
DESIGNATION OF PERSON AUTHORIZED
TO RECEIVE WARRANTS (Gov. C., Sec. 12479)
STD FORM 243

NAME OF EMPLOYEE (FIRST, MIDDLE, LAST)	EMPLOYEE NUMBER
Marceline M. Jones	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)	RELATIONSHIP	AGE
REU. James W. Jones	klusbond	34
H. #1 Box 412 3 Robert Walle, Cilit.	PELLUADEL VALLE COL	· - L

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

10-18-65

ADDRESS
ADDRES

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.