

**KALISPELL PUBLIC SCHOOLS
DESIGNATION OF PERSON AUTHORIZED
TO RECEIVE DECEDENT'S WARRANTS**

EMPLOYEE'S NAME

(First)	(Middle)	(Last)	(Social Security No.)
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DESIGNEE:

Pursuant to Section 2-18-412, MCA, I hereby designate the following person who notwithstanding any other provision of law, shall be entitled upon my death to receive all warrants, excluding warrants for payment of death benefits and refund of employee retirement contributions, that would have been payable to me as a result of my employment with School District No. 5 has I survived:

(First Name)	(Middle)	(Last)	(Relationship)	(Age)
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Designee's Address	City, State & Zip Code	Phone #
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STIPULATION:

I hereby revoke any previous designation 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 void.

This designation will remain in full force and effect during my employment with School District No. 5 until revoked in writing by me. This designation will automatically terminate on the date final payment is received as the result of said employment.

Employee Signature	Date
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Address

City	State	Zip Code
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INSTRUCTION TO EMPLOYEES

1. Show the designee's full name; for example, "Mary Jane Smith," not Mrs. John E. Smith.
2. Show relationship of person being designated such as: wife, husband, daughter, son, mother, father, friend, etc.
3. Erasures or corrections may not be made in the writing of designee's name. If an error has been made, complete a new set of forms.
4. Sign both in ink and submit with payroll paperwork. Keep a duplicate copy for your record.
5. You may change your designation at any time by filing a new designation form with the Payroll Office.
6. Inform the Payroll Office when a change occurs in your designee's address.