



Fountain Valley School District

10055 Slater Avenue, Fountain Valley, CA 92708 (714) 843-3200 www.fvsd.k12.ca.us

DESIGNATION OF BENEFICIARY

TO: FOUNTAIN VALLEY SCHOOL DISTRICT

In the event of my death, I hereby designate _____
as the person entitled to receive all warrants or checks that will be payable to me from the
Fountain Valley School District.

Said person is my:

- | | |
|----------------------------------|---|
| <input type="checkbox"/> Husband | <input type="checkbox"/> Child |
| <input type="checkbox"/> Wife | <input type="checkbox"/> Domestic Partner |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Other |

and may be identified as follows:

Age: _____

Social Security # _____

Residence: _____

Occupation: _____

NOTE: Identification information may be necessary since warrants and checks can only be
delivered to your designee after sufficient proof of identity is supplied.

Name

Signature

Date