



**Payroll/Benefits Department**

1331 Calaveras Boulevard, Milpitas, CA 95035  
Tel. No. 408-635-2600 x6012 | Fax No. 408-635-2621  
Email: [Payroll@musd.org](mailto:Payroll@musd.org) | <http://www.musd.org/>

**Payroll Warrant Declaration of Beneficiary Designation Form**

*Form must be updated when a life changing event, marriage, divorce, legal adoption and/or child birth occurs.*

Employee:

SSN:  Date of Birth:

Address:

Cell:  Personal E-mail:

*In the event of my death, I designate the person(s) indicated on this form, to receive all payroll warrants and/or pay checks that would have been payable to me had I survived. This Declaration shall remain in effect until revised or revoked. Such revision and/or revocation shall be submitted by me in writing.*

**Primary Beneficiary:**  **Relationship:**  **Percentage (%):**

Address:

Cell:  Personal E-mail:

**Primary Beneficiary:**  **Relationship:**  **Percentage (%):**

Address:

Cell:  Personal E-mail:

**Contingent Beneficiary - if no Primary Beneficiary survives the employee:**

**Relationship:**  **Percentage (%):**

Address:

Cell:  Personal E-mail:

Employee's Signature:  Date: