



# ADDITIONAL ANNUITY ACCOUNT DESIGNATION OF BENEFICIARY

Ohio Public Employees Retirement System  
277 East Town Street, Columbus, Ohio 43215-4642

1-800-222-PERS (7377)  
www.opers.org



## STEP 1: Contributor Information

Social Security Number

□□□□ — □□□□ — □□□□□□

First Name

□□□□□□□□□□□□□□□□

MI

□

Last Name

□□□□□□□□□□□□□□□□

## STEP 2: Family Information

Spouse First Name

□□□□□□□□□□□□□□□□

MI

□

Last Name

□□□□□□□□□□□□□□□□

Social Security Number

□□□□ — □□□□ — □□□□□□

Gender

Male

Female

Birth Date

□□ / □□ / □□□□

1. Child First Name

□□□□□□□□□□□□□□□□

MI

□

Last Name

□□□□□□□□□□□□□□□□

Child Social Security Number

□□□□ — □□□□ — □□□□□□

Gender

Male

Female

Birth Date

□□ / □□ / □□□□

2. Child First Name

□□□□□□□□□□□□□□□□

MI

□

Last Name

□□□□□□□□□□□□□□□□

Child Social Security Number

□□□□ — □□□□ — □□□□□□

Gender

Male

Female

Birth Date

□□ / □□ / □□□□

*To list additional children, please attach a separate piece of paper and include all the information requested above for each family member.*

Father First Name

□□□□□□□□□□□□□□□□

MI

□

Last Name

□□□□□□□□□□□□□□□□

Father Social Security Number

□□□□ — □□□□ — □□□□□□

Birth Date

□□ / □□ / □□□□

Mother First Name

□□□□□□□□□□□□□□□□

MI

□

Last Name

□□□□□□□□□□□□□□□□

Mother Social Security Number

□□□□ — □□□□ — □□□□□□

Birth Date

□□ / □□ / □□□□

**STEP 3: Designation by Automatic Succession**

I wish to have my beneficiary determined by Automatic Succession, which is:

(1) Spouse (2) Biological/legally adopted children (3) Dependent parent(s) (4) Parents (sharing equally) (5) Your estate

Contributor Signature \_\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Do not print or type name

**STOP** If you signed above choosing Automatic Succession, no further action is required. Form is complete.  
If you DID NOT sign above, please proceed to Steps 4 and 5 to complete the form.



**STEP 5: Contributor and Witnesses Acknowledgment for Specific Designation**

I wish to have the designation shown in Step 4 apply on my Additional Annuity account. I understand I must sign this Step in the presence of two adult witnesses who are not named as beneficiary.

Contributor Signature \_\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Do not print or type name

**Witnesses Information**

We, the undersigned, being of lawful age and not a named beneficiary in Step 4, certify we are acquainted with the contributor signing this Form in our presence and the contributor requested us to acknowledge his/her signature as his/her free and voluntary act.

**1. Witness** First Name MI Last Name  
[Grids for name entry]

Street or Mailing Address  
[Grid for address entry]

City State ZIP Code  
[Grids for city, state, and zip code entry]

Witness Signature \_\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Do not print or type name

**2. Witness** First Name MI Last Name  
[Grids for name entry]

Street or Mailing Address  
[Grid for address entry]

City State ZIP Code  
[Grids for city, state, and zip code entry]

Witness Signature \_\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Do not print or type name