



MONEY PURCHASE PLAN 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 4: Specific Designation

1. Primary Beneficiary, Estate, Trust or Institution Name

Social Security Number (if applicable)

Birth Date or Trust Creation Date

____-____-____ / ____ / ____

Relationship to Contributor _____ Male Female (if applicable)

2. Primary Beneficiary, Estate, Trust or Institution Name

Social Security Number

Birth Date or Trust Creation Date

____-____-____ / ____ / ____

Relationship to Contributor _____ Male Female (if applicable)

Contingent (if applicable)

1. Contingent Beneficiary, Estate, Trust or Institution Name

Social Security Number

Birth Date or Trust Creation Date

____-____-____ / ____ / ____

Relationship to Contributor _____ Male Female (if applicable)

2. Contingent Beneficiary, Estate, Trust or Institution Name

Social Security Number

Birth Date or Trust Creation Date

____-____-____ / ____ / ____

Relationship to Contributor _____ Male Female (if applicable)

STEP 5: Contributor and Witnesses Acknowledgment for Specific Designation

I wish to have the designation shown in Step 4 apply on my Money Purchase Plan 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