

DESIGNATION OF BENEFICIARY

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

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



And the control of th	Social Security Number			
STEP 2: Family Information Spouse First Name MI Last Name MI Last Name Birth Date Gender Female Prefer Not To Say Child First Name MI Last Name Birth Date Birth Date Child Social Security Number Gender Male Female Prefer Not To Say Child First Name MI Last Name Birth Date Birth Date Child First Name MI Last Name Birth Date Prefer Not To Say Child First Name MI Last Name Child Social Security Number Gender Birth Date Prefer Not To Say Child First Name MI Last Name			OPERS ID	
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bove for each family member.				include all the information requested
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will Luctivino	Father First Name	MI	Last Name	
ather Social Security Number Birth Date	Father Social Security Number	Birth Date		
Nother First Name MI Last Name	Mother First Name	MI	Last Name	
Nother Social Security Number Birth Date	Mother Social Security Number	Birth D	ate	

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) P	arents (sharing equally	/) (5) My	estate			
I understand this designation will apply to all my OPERS retirement plan accounts.						
Member Signature	Today's Date		/			

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.

Do not print or type name

STEP 4: Primary Specific Designation 1. Primary Beneficiary, Estate, Trust or Institution Name Social Security Number (if applicable) Birth Date or Trust Creation Date Percent Allocation % Female Prefer Not To Say Relationship to Member Male 2. Primary Beneficiary, Estate, Trust or Institution Name Social Security Number Birth Date or Trust Creation Date Percent Allocation % Relationship to Member Female Prefer Not To Say Contingent (if applicable) 1. Contingent Beneficiary, Estate, Trust or Institution Name Social Security Number Birth Date or Trust Creation Date Percent Allocation % Prefer Not To Say Relationship to Member Male Female 2. Contingent Beneficiary, Estate, Trust or Institution Name

To list additional beneficiaries, please attach a separate piece of paper and include all the information requested above for each beneficiary. The additional page(s) must be signed by you and the same witnesses who appear in Step 5.

Birth Date or Trust Creation Date

Male

Female

Percent Allocation

Prefer Not To Say

%

Social Security Number

Relationship to Member

STEP 5: Member and Witnesses Acknowledgment for Specific Designation

sign this Step in the presence of two adult witnesses who are not named as beneficiary.

_Today's Date _____/___ Member Signature _ 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 member signing this Form in our presence and the member requested us to acknowledge their signature as their free and voluntary act. Last Name 1. Witness First Name ΜI Street or Mailing Address ZIP Code City State Witness Signature Today's Date _ Do not print or type name 2. Witness First Name MI Last Name

ZIP Code

Today's Date _____/

State

I understand the designations shown in Step 4 will apply to all my OPERS retirement plan accounts. I understand I must

Page 4

Do not print or type name

Street or Mailing Address

Witness Signature_

City