



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: Member Information

Social Security Number

-OR-

OPERS ID

First Name

MI

Last Name

STEP 2: Family Information

Spouse First Name

MI

Last Name

Social Security Number

Gender

- ☐ Male ☐ Female
☐ Prefer Not To Say

Birth Date

1. Child First Name

MI

Last Name

Child Social Security Number

Gender

- ☐ Male ☐ Female
☐ Prefer Not To Say

Birth Date

2. Child First Name

MI

Last Name

Child Social Security Number

Gender

- ☐ Male ☐ Female
☐ Prefer Not To Say

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)** My estate

I understand this designation will apply to all my OPERS retirement plan accounts.

Member 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: Primary Specific Designation

1. Primary Beneficiary, Estate, Trust or Institution Name

Social Security Number (if applicable)

—

—

Birth Date or Trust Creation Date

/

/

Percent Allocation

%

Relationship to Member

Male
 Female
 Prefer Not To Say

2. Primary Beneficiary, Estate, Trust or Institution Name

Social Security Number

Birth Date or Trust Creation Date

Percent Allocation

—

—

/

/

%

Relationship to Member

Male
 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

Relationship to Member

☐ Male ☐ Female ☐ Prefer Not To Say

2. Contingent Beneficiary, Estate, Trust or Institution Name

Social Security Number

—

—

Birth Date or Trust Creation Date

/

/

Percent Allocation

%

Relationship to Member

Male

☐

Female

☐

Prefer Not To Say

☐

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.

STEP 5: Member and Witnesses Acknowledgment for Specific Designation

I understand the designations shown in Step 4 will apply to all my OPERS retirement plan accounts. I understand I must sign this Step in the presence of two adult witnesses who are not named as beneficiary.

Member 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 member signing this Form in our presence and the member requested us to acknowledge their signature as their free and voluntary act.

1. Witness First Name MI Last Name
[Grid of boxes for name entry]

Street or Mailing Address
[Grid of boxes for address entry]

City State ZIP Code
[Grid of boxes 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
[Grid of boxes for name entry]

Street or Mailing Address
[Grid of boxes for address entry]

City State ZIP Code
[Grid of boxes for city, state, and zip code entry]

Witness Signature _____ Today's Date ____/____/____
Do not print or type name