



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

□□□□ — □□□□ — □□□□□□

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) 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: 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 (if applicable)

2. Primary Beneficiary, Estate, Trust or Institution Name

Social Security Number

Birth Date or Trust Creation Date

Percent Allocation

____-____-____ / ____ / _____ %

Relationship to Member _____ Male Female (if applicable)

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 (if applicable)

2. Contingent Beneficiary, Estate, Trust or Institution Name

Social Security Number

Birth Date or Trust Creation Date

Percent Allocation

____-____-____ / ____ / _____ %

Relationship to Member _____ Male Female (if applicable)

To list additional beneficiaries, please attach a separate piece of paper signed by you and the two adult witnesses listed in Step 5, and include all the information requested above for each beneficiary.

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 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