



# DESIGNATION OF BENEFICIARY OF ADDITIONAL ANNUITY ACCOUNT BY RETIREE/CONTRIBUTOR

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

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

## STEP 1: Personal Information

Social Security Number

□□□□ — □□□□ — □□□□□□

First Name

□□□□□□□□□□□□□□□□

MI

□

Last Name

□□□□□□□□□□□□□□□□

## STEP 2: Beneficiary Information

**1. Beneficiary** First Name

□□□□□□□□□□□□□□□□

MI

□

Last Name

□□□□□□□□□□□□□□□□

Social Security Number

□□□□ — □□□□ — □□□□□□

Gender

Male

Female

Birth Date

□□□□ / □□□□ / □□□□□□

Address

□□□□□□□□□□□□□□□□

City

□□□□□□□□□□□□□□□□

State

□□

ZIP Code

□□□□□□

Relationship to Retiree/Contributor \_\_\_\_\_

**2. Beneficiary** First Name

□□□□□□□□□□□□□□□□

MI

□

Last Name

□□□□□□□□□□□□□□□□

Social Security Number

□□□□ — □□□□ — □□□□□□

Gender

Male

Female

Birth Date

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Address

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City

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State

□□

ZIP Code

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Relationship to Retiree/Contributor \_\_\_\_\_





**STEP 3: Retiree/Contributor and Witnesses Acknowledgment**

I wish to have the designation made in Step 2 apply to the remaining balance in my additional annuity account. I reserve the right to make later changes in my beneficiary designation for the remaining balance in my additional annuity account by filing a subsequent form. I understand the designation remains in effect until another designation form is filed and that any change in beneficiary designation is subject to approval in accordance with Ohio retirement law.

Retiree/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 2, certify we are acquainted with the retiree/contributor signing this form in our presence and the retiree 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

**All pages of the form must be returned to OPERS upon completion, regardless if pages were left blank. Failure to do so will delay processing of the beneficiary designation and you will be required to resubmit the entire form.**