



DESIGNATION OF BENEFICIARY FOR LUMP SUM DEATH BENEFIT UNDER COMBINED PLAN

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

□□□□ — □□□□ — □□□□□□

Date of Birth

□□□□ / □□□□ / □□□□□□

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 _____

2. Beneficiary First Name

□□□□□□□□□□□□□□□□

MI

□

Last Name

□□□□□□□□□□□□□□□□

Social Security Number

□□□□ — □□□□ — □□□□□□

Gender

Male

Female

Birth Date

□□□□ / □□□□ / □□□□□□

Address

□□□□□□□□□□□□□□□□

City

□□□□□□□□□□□□□□□□

State

□□

ZIP Code

□□□□□□

Relationship to Retiree _____

STEP 2: Beneficiary Information (continued)

6. Beneficiary First Name

MI

Last Name

Social Security Number

Gender

Birth Date

 — —

Male

Female

 / /

Address

City

State

ZIP Code

Relationship to Retiree _____

7. Beneficiary First Name

MI

Last Name

Social Security Number

Gender

Birth Date

 — —

Male

Female

 / /

Address

City

State

ZIP Code

Relationship to Retiree/Contributor _____

8. Beneficiary First Name

MI

Last Name

Social Security Number

Gender

Birth Date

 — —

Male

Female

 / /

Address

City

State

ZIP Code

Relationship to Retiree _____

To designate additional beneficiaries, please attach a separate piece of paper and include all the information requested above for each beneficiary. Any additional pages must be signed by you and witnessed by the two adult witnesses listed in Step 3.

Please check this box if you are attaching additional pages.

STEP 3: Retiree/Benefit Recipient and Witnesses Acknowledgment

I wish to have the designation made in Step 2 apply to my lump sum death benefit. I reserve the right to make later changes in my beneficiary designation for the lump sum death benefit by filing a subsequent form. I understand the designation remains in effect until another valid designation form is completed in accordance with the Combined Plan Document and Ohio retirement law, and is received by OPERS.

Retiree/Benefit Recipient 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 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 location 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 location entry]

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