Designation of Beneficiary for Lump Sum Death Benefit Instructions

For age and service retirees and disability benefit recipients under the Traditional Pension Plan. If you are completing this form when you are applying for an age and service retirement benefit, your designation is effective when you begin receiving your retirement benefit. If you are applying for a disability benefit, your designation is effective upon approval of your application.

Please print legibly keeping input within the form entry box (one character per box) or bullet.

Fill in entry boxes like this: A B C 1 2 3

Fill in bullet selections like this: ● Female

If you need additional help:
If you have questions about your designation form or personal information changes, visit www.OPERS.org to access your account online and view the Benefit Recipient Handbook, or call 1-800-222-7377 and speak with a Member Services representative.

Note: If you have previously made a specific designation of beneficiary, that designation will be in effect until a new designation is filed and approved.

STEP 1: Personal Information
The information requested in this step is required and must be completed.

STEP 2: Beneficiary Information
In this Step, you can designate a beneficiary(ies) to whom OPERS will pay the lump sum death benefit after your death, as provided by Ohio retirement law. You can choose a single or multiple primary beneficiary(ies) and, if desired, a single or multiple contingent beneficiary(ies) to receive the death benefit if all of the primary beneficiaries are deceased. Or, you can name multiple beneficiaries to receive equal shares of the lump sum death benefit.

Please consider the following information prior to making your beneficiary designation:

- If multiple beneficiaries are designated, they will share the lump sum equally.
- If you wish to designate additional beneficiaries, use a separate piece of paper. Include all of the information requested for each beneficiary. Any additional pages must be signed by you and witnessed by the two adult witnesses listed in Step 3.

STEP 3: Retiree and Witnesses Acknowledgment
This section must be signed in the presence of two adult witnesses who must also sign the form the same day. The witnesses cannot be named as beneficiaries in Step 2.

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.

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

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

(Revised 10/2019)
DESIGNATION OF BENEFICIARY
FOR LUMP SUM DEATH BENEFIT

STEP 1: Personal Information

Social Security Number

First Name    MI    Last Name

STEP 2: Beneficiary Information

1. Primary Beneficiary First Name    MI    Last Name

Social Security Number

Gender    Birth Date

Male    Female

Address

City    State    ZIP Code

Relationship to Retiree/Benefit Recipient

______________________________

2. Primary Beneficiary First Name    MI    Last Name

Social Security Number

Gender    Birth Date

Male    Female

Address

City    State    ZIP Code

Relationship to Retiree/Benefit Recipient

______________________________
### STEP 2: Beneficiary Information (continued)

#### 3. Primary Beneficiary

<table>
<thead>
<tr>
<th>First Name</th>
<th>MI</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Social Security Number</th>
<th>Gender</th>
<th>Birth Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td></td>
</tr>
</tbody>
</table>

| Address                |         |            |
|                       |         |            |

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Relationship to Retiree/Benefit Recipient

---

#### 4. Primary Beneficiary

<table>
<thead>
<tr>
<th>First Name</th>
<th>MI</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Social Security Number</th>
<th>Gender</th>
<th>Birth Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td></td>
</tr>
</tbody>
</table>

| Address                |         |            |
|                       |         |            |

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Relationship to Retiree/Benefit Recipient

---

#### 5. Contingent Beneficiary

<table>
<thead>
<tr>
<th>First Name</th>
<th>MI</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Social Security Number</th>
<th>Gender</th>
<th>Birth Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td></td>
</tr>
</tbody>
</table>

| Address                |         |            |
|                       |         |            |

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Relationship to Retiree/Benefit Recipient
6. Contingent Beneficiary  First Name  MI  Last Name

Social Security Number  Gender  Birth Date

Address

City  State  ZIP Code

Relationship to Retiree/Benefit Recipient

7. Contingent Beneficiary  First Name  MI  Last Name

Social Security Number  Gender  Birth Date

Address

City  State  ZIP Code

Relationship to Retiree/Benefit Recipient

8. Contingent Beneficiary  First Name  MI  Last Name

Social Security Number  Gender  Birth Date

Address

City  State  ZIP Code

Relationship to Retiree/Benefit Recipient

To designate additional beneficiaries, please attach a separate piece of paper and list each beneficiary as either “Primary” or “Contingent” 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 Ohio retirement law.

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/benefit recipient signing this form in our presence and the retiree/benefit recipient requested us to acknowledge his/her signature as his/her free and voluntary act.

1. Witness First Name_________________________ MI_________ Last Name_________________________

Street or Mailing Address
____________________________________________________________________________________

City_________________________ State_________________________ ZIP Code__________________________

Witness Signature_____________________________________________  Today’s Date  _____/____/____

Do not print or type name

2. Witness First Name_________________________ MI_________ Last Name_________________________

Street or Mailing Address
____________________________________________________________________________________

City_________________________ State_________________________ ZIP Code__________________________

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.