



DESIGNATION OF BENEFICIARY FOR LUMP SUM DEATH BENEFIT

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. Primary 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

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ZIP Code

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Relationship to Retiree/Benefit Recipient _____

2. Primary Beneficiary First Name

□□□□□□□□□□□□□□□□

MI

□

Last Name

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Social Security Number

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Gender

Male

Female

Birth Date

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Address

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City

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State

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ZIP Code

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Relationship to Retiree/Benefit Recipient _____

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
[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

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.