



# 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. Beneficiary First Name

□□□□□□□□□□□□□□□□

MI

□

Last Name

□□□□□□□□□□□□□□□□

Social Security Number

□□□□—□□□□—□□□□□□

Gender

Male

Female

Birth Date

□□/□□/□□□□

Address

□□□□□□□□□□□□□□□□

City

□□□□□□□□□□□□□□□□

State

□□

ZIP Code

□□□□□□

Relationship to Retiree/Benefit Recipient \_\_\_\_\_

2. Beneficiary First Name

□□□□□□□□□□□□□□□□

MI

□

Last Name

□□□□□□□□□□□□□□□□

Social Security Number

□□□□—□□□□—□□□□□□

Gender

Male

Female

Birth Date

□□/□□/□□□□

Address

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City

□□□□□□□□□□□□□□□□

State

□□

ZIP Code

□□□□□□

Relationship to Retiree/Benefit Recipient \_\_\_\_\_

**STEP 2: Beneficiary Information (continued)**

**3. Beneficiary** First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Gender  Male  Female Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ ZIP Code \_\_\_\_\_  
Relationship to Retiree/Benefit Recipient \_\_\_\_\_

**4. Beneficiary** First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Gender  Male  Female Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ ZIP Code \_\_\_\_\_  
Relationship to Retiree/Benefit Recipient \_\_\_\_\_

**5. Beneficiary** First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Gender  Male  Female Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ ZIP Code \_\_\_\_\_  
Relationship to Retiree/Benefit Recipient \_\_\_\_\_

**STEP 2: Beneficiary Information (continued)**

**6. Beneficiary** First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Gender  Male  Female Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ ZIP Code \_\_\_\_\_  
Relationship to Retiree/Benefit Recipient \_\_\_\_\_

**7. Beneficiary** First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Gender  Male  Female Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ ZIP Code \_\_\_\_\_  
Relationship to Retiree/Benefit Recipient \_\_\_\_\_

**8. Beneficiary** First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Gender  Male  Female Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ ZIP Code \_\_\_\_\_  
Relationship to Retiree/Benefit Recipient \_\_\_\_\_

**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 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.**