



DESIGNATION OF BENEFICIARY OF GUARANTEED ACCOUNT BY COMBINED PLAN RETIREE

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 for Defined Benefit Portion of Guaranteed Account

Did you purchase service credit in the Combined Plan?

Yes (Continue and complete the remainder of Step 2)

No **STOP** Skip to Step 3

1. Beneficiary First Name

MI

Last Name

Social Security Number

Gender

Male

Female

Birth Date

Address

City

State

ZIP Code

Relationship to Retiree _____

STEP 3: Beneficiary Information for Defined Contribution Portion of Guaranteed Account

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 _____

3. Beneficiary First Name _____ MI _____ Last Name _____
Social Security Number _____ Gender Male Female Birth Date ____/____/____
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 4.

Please check this box if you are attaching additional pages.

STEP 4: Retiree and Witnesses Acknowledgment

I wish to have the designation made in Step 2 and Step 3 apply to any remaining balance in my guaranteed account(s). I reserve the right to make later changes in my beneficiary designation 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 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 or Step 3, 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 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.