



## STEP 2: New Spouse Beneficiary Designation and Multiple Life Plan Allocation

### Current/Existing Beneficiaries - *Continued*

4) Former Spouse/Current Beneficiary First Name

MI

Last Name

Social Security Number

Gender

Allocation for the Multiple Life Plan

☐

Male

☐

Female

%

+ \_\_\_\_\_

Total Multiple Life Plan Allocation

%

## STEP 3: Retiree/Contributor Acknowledgment

Being duly sworn, I, the undersigned, state that the information I provided on this form is complete and true to the best of my knowledge and belief. As provided by Ohio retirement law, I hereby authorize OPERS to calculate my allowance on the basis indicated in Step 2. I acknowledge my right to change my allocation and beneficiary designation as provided in the law.

Retiree/Contributor

Signature \_\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Sworn and subscribed to me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Notary

Public \_\_\_\_\_ My commission expires \_\_\_\_/\_\_\_\_/\_\_\_\_