

## **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		Birth Date	
	O 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	
	O Male	○ Female		
Address				
City			State	ZIP Code
Relationship to Retiree/Benefit Recipient				

STEP 2: Panaficiary Information (continued	١			
<b>STEP 2:</b> Beneficiary Information (continued	)			
3. 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				
4. Primary Beneficiary First Name	MI	Last Name		
Social Security Number	Gender		Birth Date	
		Female		
Address				
Address				
City			State	ZIP Code
Relationship to Retiree/Benefit Recipient				
5. Contingent Beneficiary First Name	MI	Last Name		
Social Security Number	Gender		Birth Date	
		○ Female	/	
Address				
City			State	ZIP Code
Relationship to Retiree/Benefit Recipient				

STEP 2: Beneficiary Information (continued	1)			
STEP 2. Deficiciary mornation (continued	)			
6. Contingent Beneficiary First Name	MI	Last Name		
Social Security Number	Gender		Birth Date	
		Female	/	
Address				
City			State	ZIP Code
Relationship to Retiree/Benefit Recipient				
7. Contingent Beneficiary First Name	MI	Last Name		
Social Security Number	Gender		Birth Date	
	Male	○ Female		
Address			/	
O'L			01-1-	
City			State	ZIP Code
Relationship to Retiree/Benefit Recipient				
8. Contingent Beneficiary First Name	MI	Last Name		
o. contingent beneficiary i list Name	IVII	Last Name		
Social Security Number	Gender	_	Birth Date	/
		Female		
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	2	

## 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 Do not print or typ	e name		Ioday's Da	te	/
2. Witness First Name	MI	Last Name			
2. Witness First Name	MI	Last Name			
2. Witness First Name Street or Mailing Address	MI	Last Name			
	MI	Last Name			
	MI	Last Name	State	ZIP Code	
Street or Mailing Address	MI	Last Name	State	ZIP Code	
Street or Mailing Address	MI	Last Name		ZIP Code	

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.