



Ohio Public Employees Retirement System

277 East Town Street, Columbus, Ohio 43215-4642

1-800-222-PERS (7377) www.opers.org

Designation of Beneficiary for Money Purchase Contributor

Please read the following information before completing this Form. Complete Section 1 - Personal Information and Section 2 - Family Information. Also, please select **EITHER** Section 3 - Designation by Automatic Succession **OR** Section 4 - Specific Designation of Beneficiary. **DO NOT COMPLETE BOTH.** If you complete Section 4, you must also complete Section 5 - Witness Acknowledgment. This Form may also be completed online through our Member Benefits System at www.opers.org.

If you have previously made a specific designation of beneficiary under this plan, that designation will still be in effect until a new designation is filed and approved, or any of the following events makes the specific designation invalid: marriage, divorce, dissolution of marriage, legal separation, the birth or adoption of a child, or the withdrawal of funds (taking a refund of your OPERS contributions). Should one of these events occur, your specific beneficiary designation will become void. Your beneficiary will then be determined by automatic succession until a new beneficiary designation is filed and approved.

Section 1 - Personal Information

Social Security Number

First Name MI Last Name

Street or Mailing Address Apt. Number

City State ZIP Code

Date of Birth Gender Marital Status (Choose only one)

Male Female Single Married Divorced Widowed Separated

Home Phone Number Work Phone Number Cell Phone Number

E-mail Address

Section 2 - Family Information - It is important that you COMPLETE this Section by providing the full name, date of birth, and gender for each family member listed. Completing this Section will not affect your beneficiary designation.

SPOUSE First Name MI Last Name

Social Security Number Date of Birth Male Female

Gender

CHILDREN (List ALL natural or adopted children who are living.):

CHILD First Name MI Last Name

1.

Social Security Number Date of Birth Male Female

Gender

CHILD First Name MI Last Name

2.

Social Security Number Date of Birth Male Female

Gender

Section 2 - Family Information continued from page 1.

3. CHILD First Name MI Last Name
Social Security Number Date of Birth Male Female
Gender

4. CHILD First Name MI Last Name
Social Security Number Date of Birth Male Female
Gender

5. CHILD First Name MI Last Name
Social Security Number Date of Birth Male Female
Gender

MEMBER'S PARENTS WHO ARE LIVING:

FATHER First Name MI Last Name
Date of Birth

MOTHER First Name MI Last Name
Date of Birth

Section 3 - Designation by Automatic Succession - *Under Ohio retirement law, Automatic Succession is determined in the following order of precedence: 1) Spouse, 2) Natural or adopted children, 3) Parents, 4) Estate. If you wish to have your beneficiary designation determined by Automatic Succession, please sign below.*

I wish to have my beneficiary determined by Automatic Succession.

Today's Date

Your *longhand* signature

If you signed above in Section 3 - Designation by Automatic Succession **STOP** here. However, if you did not complete Section 3 and you wish to designate a specific beneficiary(ies), Section 4 **MUST** be completed and signed by you and Section 5 **MUST** be completed and signed by two witnesses.

Section 4 - Specific Designation of Beneficiary

Please consider the following information prior to making your beneficiary designation:

- In the event of your death while re-employed in an OPERS-covered position, your beneficiary(ies) will receive a lump sum payment(s).
- You may designate multiple (joint) beneficiaries to share equally a refund of the vested portion of your individual account.
- If you designate your estate, trust, or an institution, only lump sum payment(s) will be issued with no further benefits due. Please provide a copy of the trust document.

To list additional beneficiaries, use a separate page(s). Sign, date, and have each page witnessed by the two witnesses listed in Section 5.

PRIMARY BENEFICIARY(IES)

First Name, MI, Last Name; or Trust, Estate, or Institution Name

1.

Social Security Number	Date of Birth	M	F	Relationship	
		Gender			Apt. Number
Street or Mailing Address					
City		State	ZIP Code		-

First Name, MI, Last Name; or Trust, Estate, or Institution Name

2.

Social Security Number	Date of Birth	M	F	Relationship	
		Gender			Apt. Number
Street or Mailing Address					
City		State	ZIP Code		-

FIRST CONTINGENT BENEFICIARY(IES) - *applies only in the event of death of ALL primary beneficiary(ies)*

First Name, MI, Last Name; or Trust, Estate, or Institution Name

1.

Social Security Number	Date of Birth	M	F	Relationship	
		Gender			Apt. Number
Street or Mailing Address					
City		State	ZIP Code		-

First Name, MI, Last Name; or Trust, Estate, or Institution Name

2.

Social Security Number	Date of Birth	M	F	Relationship	
		Gender			Apt. Number
Street or Mailing Address					
City		State	ZIP Code		-

Section 4 - Specific Designation of Beneficiary continued from page 3.

SECOND CONTINGENT BENEFICIARY(IES) - applies only in the event of death of ALL primary and first contingent beneficiary(ies)

First Name, MI, Last Name; or Trust, Estate, or Institution Name

1.

Social Security Number

Date of Birth

M

F

Relationship

Gender

Street or Mailing Address

Apt. Number

City

State

ZIP Code

-

First Name, MI, Last Name; or Trust, Estate, or Institution Name

2.

Social Security Number

Date of Birth

M

F

Relationship

Gender

Street or Mailing Address

Apt. Number

City

State

ZIP Code

-

I wish to have the designation shown in this Section apply on my Money Purchase account. I understand that I must sign this Section in the presence of two adult witnesses. The witnesses cannot be any of the beneficiary(ies) listed above and they must complete Section 5 below indicating they have witnessed me signing this Form.

Today's Date

Your *longhand* signature

Section 5 - Witness Acknowledgment - Please sign as witness to the member's acknowledgment.

We, the undersigned, being of lawful age and not a named beneficiary in Section 4, certify we are acquainted with the member signing this Form in our presence and the member requested us to acknowledge his/her signature as his/her free and voluntary act.

Today's Date

1. Signature _____

Do not print or type name.

First Name

MI

Last Name

Street or Mailing Address

Apt. Number

City

State

ZIP Code

-

Today's Date

2. Signature _____

Do not print or type name.

First Name

M

Last Name

Street or Mailing Address

Apt. Number

City

State

ZIP Code

-