



# DESIGNATION OF BENEFICIARY

Ohio Public Employees Retirement System  
277 East Town Street, Columbus, Ohio 43215-4642

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



## STEP 1: Member Information

Social Security Number

□□□□ — □□□□ — □□□□□□

First Name

□□□□□□□□□□□□□□□□

MI

□

Last Name

□□□□□□□□□□□□□□□□

## STEP 2: Family Information

Spouse First Name

□□□□□□□□□□□□□□□□

MI

□

Last Name

□□□□□□□□□□□□□□□□

Social Security Number

□□□□ — □□□□ — □□□□□□

Gender

Male

Female

Birth Date

□□ / □□ / □□□□

1. Child First Name

□□□□□□□□□□□□□□□□

MI

□

Last Name

□□□□□□□□□□□□□□□□

Child Social Security Number

□□□□ — □□□□ — □□□□□□

Gender

Male

Female

Birth Date

□□ / □□ / □□□□

2. Child First Name

□□□□□□□□□□□□□□□□

MI

□

Last Name

□□□□□□□□□□□□□□□□

Child Social Security Number

□□□□ — □□□□ — □□□□□□

Gender

Male

Female

Birth Date

□□ / □□ / □□□□

*To list additional children, please attach a separate piece of paper and include all the information requested above for each family member.*

Father First Name

□□□□□□□□□□□□□□□□

MI

□

Last Name

□□□□□□□□□□□□□□□□

Father Social Security Number

□□□□ — □□□□ — □□□□□□

Birth Date

□□ / □□ / □□□□

Mother First Name

□□□□□□□□□□□□□□□□

MI

□

Last Name

□□□□□□□□□□□□□□□□

Mother Social Security Number

□□□□ — □□□□ — □□□□□□

Birth Date

□□ / □□ / □□□□

**STEP 3: Designation by Automatic Succession**

I wish to have my beneficiary determined by Automatic Succession, which is:

(1) Spouse (2) Biological/legally adopted children (3) Dependent parent(s) (4) Parents (sharing equally) (5) My estate

**I understand this designation will apply to all my OPERS retirement plan accounts.**

Member Signature \_\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Do not print or type name

**STOP** If you signed above choosing Automatic Succession, no further action is required. Form is complete.  
If you DID NOT sign above, please proceed to Steps 4 and 5 to complete the form.

**STEP 4: Specific Designation**

**1. Primary Beneficiary, Estate, Trust or Institution Name**

\_\_\_\_\_

Social Security Number (if applicable)

Birth Date or Trust Creation Date

Percent Allocation

\_\_\_\_-\_\_\_\_-\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ %

Relationship to Member \_\_\_\_\_  Male  Female (if applicable)

**2. Primary Beneficiary, Estate, Trust or Institution Name**

\_\_\_\_\_

Social Security Number

Birth Date or Trust Creation Date

Percent Allocation

\_\_\_\_-\_\_\_\_-\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ %

Relationship to Member \_\_\_\_\_  Male  Female (if applicable)

**Contingent (if applicable)**

**1. Contingent Beneficiary, Estate, Trust or Institution Name**

\_\_\_\_\_

Social Security Number

Birth Date or Trust Creation Date

Percent Allocation

\_\_\_\_-\_\_\_\_-\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ %

Relationship to Member \_\_\_\_\_  Male  Female (if applicable)

**2. Contingent Beneficiary, Estate, Trust or Institution Name**

\_\_\_\_\_

Social Security Number

Birth Date or Trust Creation Date

Percent Allocation

\_\_\_\_-\_\_\_\_-\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ %

Relationship to Member \_\_\_\_\_  Male  Female (if applicable)

**To list additional beneficiaries, please attach a separate piece of paper signed by you and the two adult witnesses listed in Step 5, and include all the information requested above for each beneficiary.**

**STEP 5: Member and Witnesses Acknowledgment for Specific Designation**

I understand the designations shown in Step 4 will apply to all my OPERS retirement plan accounts. I understand I must sign this Step in the presence of two adult witnesses who are not named as beneficiary.

Member 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 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.

**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