

When you die, your survivors may be eligible for benefits. To designate who should receive these benefits, please complete and submit this original form to OCERS.

Your Primary and Alternate Beneficiary Designations

You may name one person or any number of persons as your **primary** or **alternate** beneficiary.

- a. **Primary Beneficiary:** A primary beneficiary is the person or persons who would receive a benefit from OCERS upon your death.
- b. **Alternate Beneficiary:** An alternate beneficiary is the person or persons who would receive a benefit from OCERS if you have no living primary beneficiaries on the date of your death.
- c. If you name more than one person in either category, you must indicate what percentage of the benefit each individual is to receive. Please note that all beneficiary percentage designations must be **whole** numbers (for example 33%, not 33.3%). The total percentage for each category must be 100%. If you do not indicate a percentage, the benefit will be divided into equal parts.
- d. If you have more than four beneficiaries, please write the requested information on a separate sheet of paper and attach it to this form. If you use a second sheet, it must also contain your signature. Please use the same format as the original form.

Note: Your designated beneficiary will remain valid until you file another Beneficiary Change Form.

Beneficiary Change Form

Section 1 Information About You

First Name	M.I.	Last Name	Social Security Number
Home/Mailing Address		Phone Number	Email Address

Section 2 Beneficiary Information

All beneficiary percentage designations must be **whole** numbers (for example 33%, not 33.3%).

Primary 1:

Beneficiary Name	Relationship	% of Benefit
		.0%
Date of Birth	Social Security Number	
Home/Mailing Address	Daytime Phone Number	
City	State	Zip Code

Primary 2:

Beneficiary Name	Relationship	% of Benefit
		.0%
Date of Birth	Social Security Number	
Home/Mailing Address	Daytime Phone Number	
City	State	Zip Code

Alternate 1:

Beneficiary Name	Relationship	% of Benefit
		.0%
Date of Birth	Social Security Number	
Home/Mailing Address	Daytime Phone Number	
City	State	Zip Code

Alternate 2:

Beneficiary Name	Relationship	% of Benefit
		.0%
Date of Birth	Social Security Number	
Home/Mailing Address	Daytime Phone Number	
City	State	Zip Code

Section 3 Member Certification

I hereby designate the person(s) entered in Section 2 of this form as beneficiary to my retirement account. I understand that this election revokes any previous beneficiary designations.

Member Signature

Date