

Beneficiary Change Form

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.

Section 1 Information About You

Last Four of Social Security Number		
Last Name	First Name	Middle Initial
Mailing Address		
City	State	Zip Code
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	Last Four of Social Security Number	
Home/Mailing Address	Daytime Phone Number	
City	State	Zip Code
Phone Number		

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 _____