



SCHOOL EMPLOYEES RETIREMENT SYSTEM OF OHIO

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MEMBER BENEFICIARY DESIGNATION

(Prior to age and service retirement)

Please complete the **Member Information**, **Family Data** and **Designation of Beneficiary** sections of this form. If you previously made a specific beneficiary designation, that designation remains in effect until a new designation is filed with our office. Valid beneficiary designations must be received by our office prior to your date of death.

Member Information

Name: [FirstName LastName]

Member ID: [Person ID]

Mailing Address: _____

City / State / Zip: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

E-mail: _____

Marital Status (check one): Single Married Divorced Widowed

Family Data

It is important that you complete this section with full names and dates of birth for each family member listed. Completing this section does not reflect your beneficiary designation.

Name	Date of Birth (MM/DD/YY)	Social Security Number
Spouse:		
Children (List ALL natural or adopted children who are living – Attach additional paper if necessary)		
1.		
2.		
3.		
Parents (Who are living)		
Father:		
Mother:		

(OVER)

Prior to completing this page, please note that if, at the time of your death, you are survived by qualified children, they may receive monthly benefits regardless of your designation. A qualified child is any unmarried natural or legally adopted child under the age of 19, or regardless of age if adjudged physically or mentally incompetent.

Please select either Section 1–Statutory Order OR Section 2–Specific Designation. DO NOT COMPLETE BOTH.

Designation of Beneficiary

Section 1 – Designation by Statutory Order of Succession

I wish to apply the Statutory Order of Succession.

I understand that by choosing this designation, my beneficiary will be determined in the following order of precedence:

- 1) Spouse
- 2) If no spouse, children (share and share alike)
- 3) If none of the above, parents
- 4) If none of the above, Estate

Member Signature

Date

IF YOU ELECTED STATUTORY ORDER OF SUCCESSION, DO NOT COMPLETE SECTION 2

Section 2 – Specific Designation of Beneficiary

To list additional beneficiaries, please attach a separate sheet of paper. You must also sign and date the additional page.

Primary Beneficiary(ies):

If more than one person is listed as Primary Beneficiary, benefit will be split equally between each or to the survivors to share and share and share alike.

1. Name: _____ Relationship: _____
SSN: _____ Date of Birth: _____
2. Name: _____ Relationship: _____
SSN: _____ Date of Birth: _____

First Contingent Beneficiary(ies):

Applies only in the event of the death of all Primary Beneficiaries.

1. Name: _____ Relationship: _____
SSN: _____ Date of Birth: _____
2. Name: _____ Relationship: _____
SSN: _____ Date of Birth: _____

Second Contingent Beneficiary(ies):

Applies only in the event of the death of all beneficiaries listed above.

1. Name: _____ Relationship: _____
SSN: _____ Date of Birth: _____
2. Name: _____ Relationship: _____
SSN: _____ Date of Birth: _____

Member Signature

Date