



# Additional Beneficiary Designation

This form allows you to designate additional primary and contingent beneficiaries. This page must be received with your completed *Designation of Beneficiary* form to be valid, including date and signature page. It is important to include all of the information requested below, including a Social Security number for an individual or taxpayer identification number (TIN) for an institution. Please print clearly in ink and return the original form to OPERS at the address below.

## PART 1 – MEMBER INFORMATION

<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Name (First, Middle, Last)	<table border="1" style="border-collapse: collapse; width: 100%; height: 25px;"> <tr> <td style="width: 12.5%;"></td> </tr> </table> Social Security number										

## PART 2 – ADDITIONAL PRIMARY BENEFICIARY DESIGNATION CONTINUATION

	Full legal name of person(s), trust or institution	Address, City, State, Zip+4	Relationship to member	Date of birth	Social Security number (or TIN)
5.					
6.					
7.					
8.					
9.					
10.					

## PART 3 – ADDITIONAL CONTINGENT BENEFICIARY DESIGNATION CONTINUATION

	Full legal name of person(s), trust or institution	Address, City, State, Zip+4	Relationship to member	Date of birth	Social Security number (or TIN)
5.					
6.					
7.					
8.					
9.					
10.					

## PART 4 – SIGNATURE

I confirm that the beneficiaries named above are in addition to those named on the beneficiary form attached.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date