



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

Name (First, Middle, Last)

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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