

**DESIGNATION OF BENEFICIARY FOR
\$1,000 LUMP SUM DEATH BENEFIT**

Complete this form if you wish to designate a beneficiary for the \$1,000 lump sum death benefit that is payable in the event of your death as retired member, and provided that you do not have a surviving spouse at the time of death. In the event of your death, your surviving spouse is entitled to receive the full balance of your lump sum death benefit. If you have no surviving spouse, the benefit will be payable to your designated beneficiary. If you have no spouse or designated beneficiary, the benefit will be paid to your estate.

Section A — Member information

Name: First, middle initial, last, suffix (Jr., III, etc.)		Social Security number											
Street / Post office box		<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>											
City, state, ZIP code	Home telephone	Date of birth											
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Section B — Designation of beneficiary

Complete this section to designate a person or a trust for the \$1,000 lump sum death benefit that is payable in the event of your death as a retired member, provided that you do not have a surviving spouse at the time of death. If you designate a trust as your beneficiary, be sure to submit a copy of the first and last pages of the trust instrument with this form; additional documentation may be requested prior to the payment of benefits by OP&F to a trust.

Beneficiary's name or name of trustee: First, middle initial, last, suffix (Jr., III, etc.)		Social Security number											
Name of trust (if designating a trust)		<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>											
Street / Post office box		Tax ID number (if designating a trust)											
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Section C — Signature and acknowledgement

As the member identified in the foregoing Section A of this *Designation of Beneficiary for \$1,000 Death Benefit* form, I hereby designate the person or trust named in Section B of this form as the beneficiary of the \$1,000 lump sum death benefit that is payable upon my death, provided that I do not have a surviving spouse at the time of death. I understand that the funds shall not be paid to my designated beneficiary if my spouse survives me at the time of my death and that this authorization revokes all prior documentation of beneficiary nominations for the lump sum death benefit. In the event that I have designated a trust as my beneficiary, I also agree to notify OP&F in writing if I revoke my trust or change the trustee(s), and understand that any such change is not binding unless received by OP&F.

Member's Signature	Date of Signature
▶	

Section D — Notary public requirement

The notary public in good standing must sign in the space provided in this section and affix their seal.

State of Ohio, County of _____, ss:

The foregoing *Designation of Beneficiary for \$1,000 Lump Sum Death Benefit* was acknowledged before me by the member named in the foregoing Section A, this _____ day of _____, 20_____.

Notary Public	Print name
Affix notary seal here	My commission expires