

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, MI, Last, suffix (Jr., III, etc.)		Social Security number									
Street Address / Post office box		<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>									
City, State, ZIP code		Date of Birth									
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>						<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					
Primary phone <input type="checkbox"/> New	Alternate phone <input type="checkbox"/> New	Email address <input type="checkbox"/> New									

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 either a copy of the Certificate of Trust or copies of first and last pages of the trust instrument with this form. Complete either line 1 or 2 in this section (not both):

1 If designating a person , provide full name, First, MI, Last, suffix (Jr., III, etc.)	Social Security number or Tax ID number					
or	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					
2 If designating a trust , provide full name of trust	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					
Street Address / Post office box						
City, State, ZIP code						
Date of birth (if person)	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					
Primary phone	Alternate phone	Email address				

Section C: Signature and acknowledgement

As the member identified in the foregoing Section A of this *Designation of Beneficiary for \$1,000 Lump Sum 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:
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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 _____, 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_____.

Affix Seal here	Notary's signature:
	Print name:
	My commission expires: