

DESIGNATION OF CONTINGENT BENEFICIARY (for Pre-retirement Survivor Annuity)

Complete this form if you are within one year of qualifying for retirement (age 48 with 25 years of service, or age 62 with 15 years of service) to designate a dependent other than a spouse to receive a Pre-Retirement Survivor Annuity in the event that the spouse does not survive you at the time of your death. If you do not have a contingent beneficiary form on file and are not survived by a spouse, any monetary benefit will be paid to your estate upon your death. Filing this form is not mandatory, however, it is important to do so if you have a qualifying dependent. This form must be signed by you, notarized and received by OP&F to be effective. Once you retire, this form is no longer valid.

A contingent dependent beneficiary is someone dependent on you for at least 50 percent of his/her annual income, who is not your spouse or former spouse. You can only designate one beneficiary, but you may change this designation at any time by completing a new form or rescinding your previous designation in writing, but only your most recent designation will be effective. Documentation proving that your beneficiary is dependent on you for at least 50 percent of his/her annual income is required at the time the beneficiary may become eligible for benefits.

If an active member of OP&F has not retired, but is eligible to retire and receive a pension or benefit at the time of their death, their surviving spouse or contingent dependent beneficiary (if no surviving spouse) is entitled to receive an annual retirement allowance. This allowance equals what would have been paid to the surviving spouse had the member retired effective the day following the member's death (based on a 50 percent Joint and Survivor Annuity option). Payments are effective the first day of the first month following the member's death.

For more information, please contact OP&F Customer Service for assistance.

Section A: Member information

Name: first, middle initial, last, suffix (Jr., III, etc.)		Social Security number <table border="1" style="margin: 0 auto; width: 100px; height: 20px;"> <tr> <td style="width: 10px; height: 15px;"></td> <td style="width: 10px; height: 15px;"></td> <td style="width: 10px; height: 15px;"></td> <td style="width: 10px; height: 15px;"></td> <td style="width: 10px; height: 15px;"></td> <td style="width: 10px; height: 15px;"></td> <td style="width: 10px; height: 15px;"></td> <td style="width: 10px; height: 15px;"></td> <td style="width: 10px; height: 15px;"></td> <td style="width: 10px; height: 15px;"></td> <td style="width: 10px; height: 15px;"></td> <td style="width: 10px; height: 15px;"></td> </tr> </table> Date of birth <table border="1" style="margin: 0 auto; width: 100px; height: 20px;"> <tr> <td style="width: 10px; height: 15px;"></td> <td style="width: 10px; height: 15px;"></td> <td style="width: 10px; height: 15px;"></td> <td style="width: 10px; height: 15px;"></td> <td style="width: 10px; height: 15px;"></td> <td style="width: 10px; height: 15px;"></td> <td style="width: 10px; height: 15px;"></td> <td style="width: 10px; height: 15px;"></td> <td style="width: 10px; height: 15px;"></td> <td style="width: 10px; height: 15px;"></td> </tr> </table>																						
Street / Post office box	Home telephone																							
City, state, ZIP code	Alternate telephone																							

Section B: Beneficiary information

A contingent dependent beneficiary is someone dependent on you for at least 50 percent of his/her annual income, who is not your spouse or former spouse. You can only designate one beneficiary, but you may change this designation at any time by completing a new form or rescinding your previous designation in writing, but only your most recent designation will be effective. Documentation proving that your beneficiary is dependent on you for at least 50 percent of his/her annual income is required at the time the beneficiary may become eligible for benefits.

Name: first, middle initial, last, suffix (Jr., III, etc.)		Relationship to OP&F Member																		
Street / Post office box	Home telephone	Social Security number <table border="1" style="margin: 0 auto; width: 100px; height: 20px;"> <tr> <td style="width: 10px; height: 15px;"></td> <td style="width: 10px; height: 15px;"></td> <td style="width: 10px; height: 15px;"></td> <td style="width: 10px; height: 15px;"></td> <td style="width: 10px; height: 15px;"></td> <td style="width: 10px; height: 15px;"></td> <td style="width: 10px; height: 15px;"></td> <td style="width: 10px; height: 15px;"></td> <td style="width: 10px; height: 15px;"></td> <td style="width: 10px; height: 15px;"></td> </tr> </table> Date of birth <table border="1" style="margin: 0 auto; width: 100px; height: 20px;"> <tr> <td style="width: 10px; height: 15px;"></td> <td style="width: 10px; height: 15px;"></td> <td style="width: 10px; height: 15px;"></td> <td style="width: 10px; height: 15px;"></td> <td style="width: 10px; height: 15px;"></td> <td style="width: 10px; height: 15px;"></td> <td style="width: 10px; height: 15px;"></td> <td style="width: 10px; height: 15px;"></td> </tr> </table>																		
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Section C: Signature and acknowledgement

I, the member described in section A of this *Designation of Contingent Dependent Beneficiary for Pre-Retirement Survivor Annuity* form, who, having been duly sworn, represent that I am the person herein described; I am within one year of qualifying for retirement, and it is my will and intent to designate the person named in section B, who is dependent upon me for half of his/her annual income, as my contingent beneficiary. I understand that any previous designation of a contingent beneficiary is hereby void and that this designation will remain in effect until I rescind it in writing, file another *Designation of Contingent Dependent Beneficiary for Pre-Retirement Survivor Annuity* form, or retire. I agree that the designated beneficiary will receive no annuity if I am survived by a spouse or retire; and that all statements made herein are true and correct.

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 Contingent Dependent Beneficiary for Pre-Retirement Survivor Annuity* was acknowledged before me by the member named in the foregoing Section A, this _____ day of _____, 20____.

Affix Seal Here

Notary signature

Print name

My Commission Expires