

DESIGNATION OF DROP BENEFICIARY

Complete this form if you wish to designate a beneficiary for your Deferred Retirement Option Plan (DROP) funds in the event of your death, and provided your spouse does not survive you. In the event of your death, your surviving spouse is entitled to receive the full balance of your DROP funds. If you have no surviving spouse, your DROP funds will be payable to your designated beneficiary, subject to some limitations. If you have no spouse or designated beneficiary, your DROP funds will be paid to your estate. If you designate a trust as your beneficiary, OP&F can only pay the full balance of your DROP funds in a one-time, lump-sum payment.

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%; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> </tr> </table>													
City, State, ZIP code		Date of Birth													
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 your DROP funds eligible for distribution in the event of your death, provided that you do not have a surviving spouse at the time of death. If you designate a trust as your beneficiary, you must submit either a copy of the Certificate of Trust or copies of the 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.) _____ or 2 If designating a trust , provide full name of trust _____	Social Security number or Tax ID number <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> </tr> </table>												
Street Address / Post office box	Date of birth (if person)												
City, State, ZIP code	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></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 DROP Beneficiary* form, I hereby designate the person or trust named in Section B of this form as the beneficiary of my DROP funds eligible for distribution, payable upon my death, provided I do not have a surviving spouse at the time of my death. I understand that my DROP 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 my DROP funds. 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 _____, County of _____, ss:
 The foregoing *Designation of DROP Beneficiary* was sworn or affirmed before me and signed in my presence by the member named in the foregoing Section A, this _____ day of _____, 20____.

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