



# OHIO DEFERRED COMPENSATION

OHIO PUBLIC EMPLOYEES DEFERRED COMPENSATION PROGRAM

## BENEFICIARY FORM

Name \_\_\_\_\_

SS#                      -                      -                      Employer Code                      Suffix

### READ NEXT PAGE FOR INSTRUCTIONS

#### Primary Beneficiary

1) Name \_\_\_\_\_ SS#                      -                      -

Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_ Percentage \_\_\_\_\_

2) Name \_\_\_\_\_ SS#                      -                      -

Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_ Percentage \_\_\_\_\_

3) Name \_\_\_\_\_ SS#                      -                      -

Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_ Percentage \_\_\_\_\_

4) Name \_\_\_\_\_ SS#                      -                      -

Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_ Percentage \_\_\_\_\_

**PERCENTAGES MUST EQUAL 100% AND NOT EXCEED 100% IN EACH CATEGORY**

#### Contingent Beneficiary

1) Name \_\_\_\_\_ SS#                      -                      -

Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_ Percentage \_\_\_\_\_

2) Name \_\_\_\_\_ SS#                      -                      -

Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_ Percentage \_\_\_\_\_

3) Name \_\_\_\_\_ SS#                      -                      -

Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_ Percentage \_\_\_\_\_

4) Name \_\_\_\_\_ SS#                      -                      -

Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_ Percentage \_\_\_\_\_

**PERCENTAGES MUST EQUAL 100% AND NOT EXCEED 100% IN EACH CATEGORY**

**Do not check this box if you have chosen a primary/contingent beneficiary above.**

My estate will be my primary beneficiary until I submit another properly completed Beneficiary Form. I understand that distributions from my estate may be required to be approved by Probate Court according to applicable State law.

I hereby designate the above Beneficiary(ies) to receive benefits payable under the Plan, if any, in the event of my death.

Participant's Signature \_\_\_\_\_

Date \_\_\_\_\_

## BENEFICIARY FORM INSTRUCTIONS

1. You may choose an individual, your estate, a trust, or charitable organization as your beneficiary. Your contingent beneficiaries will only be paid if all of your primary beneficiaries are not living at the time of your death. **Attach additional sheets, if necessary.**
2. You cannot name the same person as both primary and contingent beneficiary.
3. All information on the Beneficiary Form must be completed for processing. You must include the beneficiary's Social Security Number or tax identification number, relationship, birth date, and percentage. **Percentages must equal 100% and not exceed 100% in each category.** Beneficiary Forms are legal documents. You must initial any changes made on the form.
4. If you are choosing a trust as your beneficiary, the Program must have a copy of the trust to process the form.
5. If you choose your estate, trust, or charitable organization as your primary beneficiary, there is no contingent beneficiary. You may choose an individual as your primary beneficiary and choose your estate, trust, or charity as your contingent beneficiary in case the primary beneficiary is not living at the time of your death.
6. Beneficiaries who are minors (under the age of 18) will not receive a distribution unless a legal guardian is appointed. If this is the case, payments will be made to the guardian on behalf of the minor.
7. Be sure to sign and date the form before mailing. Please keep a copy for your records.
8. If you have any questions, please contact our Service Center at 1-877-644-6457.

Return form to:

Ohio Deferred Compensation  
257 East Town Street Suite 457  
Columbus, Ohio 43215-4626