



BENEFICIARY DESIGNATION ALL STRS OHIO DEATH BENEFITS

Name of retiree _____

Retiree's Social Security number or
STRS Ohio account number _____

Home phone (_____) _____ Cell phone (_____) _____
Area code Area code

Email _____

Instructions

1. Give the complete names of all beneficiaries. They need not be related to you. Your estate may be designated as your beneficiary by listing "MY ESTATE" in one of the beneficiary boxes on the back of this form.
2. If you designate a trust as your beneficiary, you must include the name of the trust and the date it was created (e.g., the John Smith living trust dated Jan. 1, 2007). A trust must be an inter vivos, or living trust. We cannot accept a testamentary trust as a designated beneficiary.
3. If the primary and secondary beneficiaries predecease you, payment will be made in accordance with the statutory succession of beneficiaries as defined in Section 3307.562 of the Revised Code.
4. The use of correction fluid will invalidate this designation and the form will not be deemed as filed with STRS Ohio. Statutory succession of beneficiaries or a previous valid beneficiary designation will apply until a new, valid designation is received by STRS Ohio. Only minor corrections that are initialed by the signee and do not interfere with the clear identification of the beneficiary will be accepted. If a new blank form is needed, please call STRS Ohio toll-free at 888-227-7877 or download and print this form from our website at www.strsoh.org.
5. Your designation must be entirely completed **in ink** or **typed**. Your signature must be **in ink**. **Do not print your signature.**
6. **This form must be signed only by the retiree or guardian. A power of attorney signature is not acceptable.**

(continued)

Designation

State Teachers Retirement System of Ohio:

I designate the beneficiaries named below to receive all STRS Ohio death benefits payable upon my death.

I reserve the right to change my beneficiaries for STRS Ohio death benefits at any time by filing a revised designation with the State Teachers Retirement Board.

Primary Beneficiary — *Use complete names and not initials; use first name of married women.*

Primary Beneficiary:	Person 1	and	Person 2	and	Person 3
Name					
Social Security number					
Relationship					
Street address					
City					
State and ZIP					
Phone number					

Secondary Beneficiary — *Use complete names and not initials; use first name of married women.*

Secondary Beneficiary:	Person 1	and	Person 2	and	Person 3
Name					
Social Security number					
Relationship					
Street address					
City					
State and ZIP					
Phone number					

To name more than three primary or three secondary beneficiaries, attach a separate sheet of paper listing the additional names and connect all the names with the word “**and**” between each name. If you are naming additional beneficiaries, check the box below to indicate a separate piece of paper is being attached.

Additional primary secondary beneficiaries being sent.

This form must be signed only by the retiree or guardian. A power of attorney signature is not acceptable. Provide a copy of the guardian papers if not already on file with STRS Ohio.

Retiree’s or guardian’s signature _____ Date _____

Must be in ink — do not print.

Please copy for your records and return original to STRS Ohio.