



## DESIGNATION OF BENEFICIARIES BEFORE BENEFIT PAYMENTS FOR DEFINED CONTRIBUTION PLAN PARTICIPANTS

*(Members may also designate or change beneficiaries through their Online Personal Accounts at [www.strsoh.org](http://www.strsoh.org).)*

Member's name \_\_\_\_\_

Member's Social Security number  
or STRS Ohio account number \_\_\_\_\_

Street address \_\_\_\_\_ Box number or route number \_\_\_\_\_ Birth date \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

Home phone (\_\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_\_) \_\_\_\_\_  
Area code \_\_\_\_\_

Email address \_\_\_\_\_

### GENERAL INFORMATION

*(Please read this form, including Page 4, before completing.)*

The purpose of this beneficiary designation form is to determine settlement of your retirement account if your death occurs any time before you accept benefit payments from STRS Ohio. This form is not applicable for designating beneficiaries after retirement.

Before completing a new designation of beneficiaries, it is important for you to become familiar with the information and instructions provided on this beneficiary form.

The *Plan Document for the Defined Contribution Program* provides a succession of beneficiaries. More information about this succession of beneficiaries is on Page 2 of this form. Please provide current family data as requested below for our records. The actual beneficiary designation will be made on Page 2 or 3. Return the completed form to STRS Ohio.

#### Required Family Data *(This is **not** your beneficiary designation.)*

Full Name	Social Security Number	Check if Legally Adopted	Date of Birth		
			Month	Day	Year
SPOUSE:					
CHILDREN		<input type="checkbox"/>			
1.		<input type="checkbox"/>			
2.		<input type="checkbox"/>			
3.		<input type="checkbox"/>			
4.		<input type="checkbox"/>			
5.		<input type="checkbox"/>			
6.		<input type="checkbox"/>			
PARENTS LIVING					
Father:					
Mother:					



To the State Teachers Retirement Board:

- I HEREBY DESIGNATE, in Part 1 or in Part 2, the following beneficiaries to receive my accumulated account in the event of my death before accepting monthly annuity payments. **I understand that this designation of beneficiaries will be canceled automatically by marriage; birth or adoption of a child; divorce, dissolution or legal separation; withdrawal or distribution of my account; or if I make a permanent election that results in a change from my original retirement plan to the Combined Plan or the Defined Benefit Plan.**
- I UNDERSTAND that my sole beneficiary may elect to withdraw my account or receive monthly annuity payments if eligibility requirements are met. I also understand that **joint** beneficiaries will be eligible to share only in the withdrawal of my account and **will not be eligible for monthly annuity payments.**
- I MAY change my beneficiaries at any time by filing a revised designation with STRS Ohio.

## Part 1 — Succession of Beneficiaries

The succession of beneficiaries outlined in the plan document meets the needs of most members. If you have not previously filed a beneficiary designation, the succession of beneficiaries now applies to your account. Marriage; birth or adoption of a child; divorce, dissolution or legal separation; or withdrawal or distribution of your account will automatically invoke the succession of beneficiaries unless a new designation is completed and filed with STRS Ohio before your death.

Under the succession outlined in the plan document, beneficiaries qualify in the following order:

1. Surviving spouse
2. Children, share and share alike
3. Parents, share and share alike
4. Estate

**TO DESIGNATE SUCCESSION OF BENEFICIARIES AS OUTLINED ABOVE, place an "X" in ink in the box below.**



**Apply the statutory succession of beneficiaries.** *If you mark this, do NOT complete Part 2 on Page 3.*

*This form must be signed only by the member or guardian of the member's estate. A power of attorney signature is not acceptable. If signed by a guardian, STRS Ohio must receive a copy of the guardian papers.*

Member's signature \_\_\_\_\_ Date signed \_\_\_\_\_

**EMPLOYED BY:** (If not currently teaching, please write: "noncontributing.")

Employer \_\_\_\_\_

County \_\_\_\_\_

### MARITAL STATUS:

- |                                  |                                  |  |
|----------------------------------|----------------------------------|--|
| <input type="checkbox"/> Single  | <input type="checkbox"/> Widow   | <input type="checkbox"/> Separated         |
| <input type="checkbox"/> Married | <input type="checkbox"/> Widower | <input type="checkbox"/> Legally separated |
|                                  |                                  | <input type="checkbox"/> Divorced          |

**DATE FILED:**

**STRS OHIO USE ONLY**

## Part 2 — Designation of Beneficiaries by Name

If the succession of beneficiaries does not meet the requirements of your situation, you may choose to designate beneficiaries by name. If your situation is unusual, you may wish to consult with STRS Ohio about beneficiary designations. If your spouse is designated as your sole beneficiary, he or she may elect not to receive benefits immediately upon your death, but instead leave them in the account for a future benefit or withdrawal any time before you would have reached age 72. **Remember:**

1. Choose your beneficiaries carefully. Retirement funds may be your largest asset.
2. Use complete names, not initials or nicknames.
3. If you have more than one primary beneficiary, you may designate a different percentage of the total refund for each primary beneficiary. If you do not select a percentage for each designated primary beneficiary below or the total of all designated percentages does not equal 100%, all primary beneficiaries will receive an equal share of the benefit. You may designate percentages for secondary beneficiaries and the sum of the secondary beneficiaries percentages must equal 100% as well.

(continued)

4. Any corrections or 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.
5. Any change in marital status, the birth or adoption of a child, or withdrawal or distribution of your account will invalidate this designation.
6. If you are married and designate a primary beneficiary other than your spouse, your spouse will be required to sign, and have notarized, a spousal consent form. Contact STRS Ohio to request this form.

<b>Primary Beneficiary — Use complete names and not initials.</b>					
	<b>Person 1</b>	<b>and</b>	<b>Person 2</b>	<b>and</b>	<b>Person 3</b>
Name					
Relationship					
Birth date					
Social Security number					
Street address, city, state, ZIP code					
Phone					
Email address					
Percentage <b>100% =</b>		%		%	%

<b>Secondary Beneficiary* — Use complete names and not initials.</b>					
	<b>Person 1</b>	<b>and</b>	<b>Person 2</b>	<b>and</b>	<b>Person 3</b>
Name					
Relationship					
Birth date					
Social Security number					
Street address, city, state, ZIP code					
Phone					
Email address					
Percentage <b>100% =</b>		%		%	%

\*Applies only in the event of the deaths of all primary beneficiaries.

To designate 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 designating additional beneficiaries, check the box to indicate a separate piece of paper is being attached: Additional ☐ **primary** ☐ **secondary** beneficiaries being sent.

**I have read the information in this document and confirm the information provided to you is accurate. If I have designated a trust as beneficiary, I confirm it is an inter vivos trust and have included the date it was created.**

*This form must be signed only by the member or guardian of the member’s estate. A power of attorney signature is not acceptable. If signed by a guardian, STRS Ohio must receive a copy of the guardian papers.*

Member’s signature \_\_\_\_\_ Date signed \_\_\_\_\_

**EMPLOYED BY:** (If not currently teaching, please write: “noncontributing.”)

Employer \_\_\_\_\_

County \_\_\_\_\_

**MARITAL STATUS:**

- ☐ Single    ☐ Widow    ☐ Separated  
☐ Married    ☐ Widower    ☐ Legally separated  
☐ Divorced

**DATE FILED:**

**STRS OHIO USE ONLY**

# BENEFICIARY DESIGNATION CHECKLIST

This page is for your own use. Please review this checklist to ensure that you have completed the designation form completely and accurately.

- ☐ 1. Read all the directions carefully. If you have questions about the form, call STRS Ohio toll-free at 888-227-7877.
- ☐ 2. Complete all of the information on Page 1, including your personal and family data.
- ☐ 3. Complete Part 1 or Part 2, **but not both**. If you have completed both sections, you may obtain a new form by visiting the STRS Ohio website ([www.strsoh.org](http://www.strsoh.org)) or contacting STRS Ohio.
- ☐ 4. Sign your complete name on your designation of beneficiaries for Part 1 or Part 2. Please do not print or type your name for a signature.
- ☐ 5. Indicate the date (month, day and year) you signed the designation.
- ☐ 6. Indicate your marital status.
- ☐ 7. Indicate your employer by naming the school district, the university or the institution. If you are not currently teaching, write “noncontributing.”
- ☐ 8. Please make a copy of this document for your records.
- ☐ 9. A designation is not valid unless it is signed by the member and received by STRS Ohio before the member’s death.
- ☐ 10. The form must be signed only by the member or guardian of the member’s estate. A power of attorney signature is not generally acceptable. Contact STRS Ohio for more information.
- ☐ 11. Provide only legal names either as beneficiaries or as signatures. Do not use nicknames or initials.

The following checklist applies only if you have chosen Part 2:

- ☐ 1. Provide your designation of beneficiaries without corrections or the use of correction fluid. You should request a new form or print a form from the STRS Ohio website ([www.strsoh.org](http://www.strsoh.org)) if you need to make corrections.
- ☐ 2. Designate beneficiaries by name. Do not designate “per stirpes” or “the survivors of ...”
- ☐ 3. Provide full names of all beneficiaries designated in Part 2 of the beneficiary form.
- ☐ 4. Indicate the relationship, date of birth (month, day and year) and Social Security number of beneficiaries.
- ☐ 5. If you want your primary or secondary beneficiaries to receive different percentages, you must specify a different percentage for each beneficiary and the sum of the percentages must equal 100% for the primary and 100% for the secondary. Otherwise, the primary or secondary beneficiaries will receive equal shares.
- ☐ 6. A notarized spousal consent form is required if you are married and you designate a primary beneficiary other than your spouse. Please contact STRS Ohio to request the appropriate spousal consent form.
- ☐ 7. If designating a trust, include the name of the trust and the date it was created. The trust must be an inter vivos or living trust. A testamentary trust cannot be designated as a beneficiary.
- ☐ 8. Please make a copy of this document for your records.

**STATE TEACHERS RETIREMENT SYSTEM OF OHIO**  
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888-227-7877  
[www.strsoh.org](http://www.strsoh.org)