



## RETIREMENT PLAN SELECTION FORM FOR NEW MEMBERS

Please complete both sides of form.

### Section 1 — Personal Data (please print or type)

Name \_\_\_\_\_  
First Middle Last

Social Security number \_\_\_\_\_ Gender  Male  Female

Address \_\_\_\_\_  
Street address City State ZIP code

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

Email address \_\_\_\_\_ Cell phone (\_\_\_\_\_) \_\_\_\_\_  
Area code

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_  
Month Day Year City County State Country

I understand that it is my responsibility to keep STRS Ohio informed of any changes to the information I have provided on this form (e.g., name change or change of address).

### Section 2 — Retirement Plan Choice

**IMPORTANT: Please select only one retirement plan choice below.**

- Choose only **ONE** plan.
- Defined Benefit Plan** — I understand that by selecting the Defined Benefit Plan my selection is irrevocable and I will not have the option to reselect. This plan entitles me to service retirement, disability and survivor benefits upon meeting eligibility requirements. Access to the STRS Ohio Health Care Program will be available to members who meet health care eligibility conditions upon retirement. **If you selected this plan, proceed to Section 3.**
- OR**
- Defined Contribution Plan** — I understand my member contributions and employer contributions are deposited to an individual account on my behalf. I may not withdraw any employer contributions or earnings unless I have been an STRS Ohio member for at least 12 consecutive months. I acknowledge that I will not be eligible for STRS Ohio disability or survivor benefits while teaching, nor STRS Ohio health care coverage at retirement. **If you selected this plan, proceed to your Investment Election below.**
- OR**
- Combined Plan** — I understand that a portion of member contributions are deposited to an individual account on my behalf and that the balance of member contributions and employer contributions fund a defined benefit portion of the plan that includes service retirement, disability and survivor benefits. Access to the STRS Ohio Health Care Program will be available to members who meet health care eligibility conditions upon retirement. **If you selected this plan, proceed to your Investment Election below.**

#### Investment Election (if you selected the Defined Contribution Plan or Combined Plan)

This investment election will apply to all contributions made on my behalf. I hereby authorize all amounts contributed by me (and my employer if electing the Defined Contribution Plan) to be allocated as follows:

Asset Class	STRS Ohio Choices (Investment Options)	Percentage allocated to each choice
<b>Allocate among choices below to equal 100%</b>		
Cash	<b>STRS Money Market Choice</b>	%
Bonds	<b>STRS Bloomberg Barclays U.S. Universal Bond Index Choice</b>	%
Large-Cap	<b>STRS Large-Cap Core Choice</b>	%
Large-Cap	<b>STRS Russell 1000 Index Choice</b>	%
Mid-Cap	<b>STRS Russell Midcap Index Choice</b>	%
Small-Cap	<b>STRS Russell 2000 Index Choice</b>	%
International	<b>STRS MSCI World ex USA Index Choice</b>	%
International	<b>STRS MSCI ACWI ex USA Index Choice</b>	%
Real Estate	<b>STRS REIT Index Choice</b>	%
Blend	<b>STRS Target Choice 2020</b>	%
Blend	<b>STRS Target Choice 2025</b>	%
Blend	<b>STRS Target Choice 2030</b>	%
Blend	<b>STRS Target Choice 2035</b>	%
Blend	<b>STRS Target Choice 2040</b>	%
Blend	<b>STRS Target Choice 2045</b>	%
Blend	<b>STRS Target Choice 2050</b>	%
Blend	<b>STRS Target Choice 2055</b>	%
Blend	<b>STRS Target Choice 2060</b>	%
<b>Total (must equal 100%)</b>		<b>%</b>

Allocated amounts must be in whole percentages.

### Section 3 — Acknowledgment of Member

I understand that the laws of Ohio give me the right to choose one of the retirement plans offered by STRS Ohio and that it is my responsibility to decide which plan best meets my needs and the needs of my family. I understand that if I choose the Defined Benefit Plan, my retirement plan selection is final and irrevocable. If I choose the Defined Contribution or Combined Plan, I understand that I will have an opportunity to reselect one of the three plans by June 1, following the fourth anniversary of my first day of paid service and that if I do not make a written election at that time, I will remain in my current plan. I also understand that, if I choose the Defined Contribution or Combined Plan, I am not eligible for joint retirement with other Ohio public retirement systems. I have reviewed all of the information supplied by STRS Ohio and have made use of other resources (such as STRS Ohio Member Services, outside financial and/or legal advisers) to make an informed and binding decision. I understand that my plan selection will be confirmed within two weeks of receipt by STRS Ohio, and, if I do not receive a written confirmation, I should contact STRS Ohio immediately.

Signature \_\_\_\_\_ Date \_\_\_\_\_



**Section 4 — Family Data\***

Spouse	First name	Middle name	Last name	Maiden name (if applicable)	Birth date (month/day/year)
Child 1	First name	Middle name	Last name		Birth date (month/day/year)
Child 2	First name	Middle name	Last name		Birth date (month/day/year)
Child 3	First name	Middle name	Last name		Birth date (month/day/year)
Mother	First name	Middle name	Last name		Birth date (month/day/year)
Father	First name	Middle name	Last name		Birth date (month/day/year)

\*This information is not for beneficiary designation. The family data information will assist STRS Ohio in working with your survivors should the need occur.

**Section 5 — Designation of Beneficiaries**

Upon becoming a member of STRS Ohio, the beneficiary of your account is automatically provided under the succession of beneficiaries described below. If this order of succession does not meet your needs, you may designate beneficiaries by name using a separate form available from STRS Ohio. Call toll-free 888-227-7877 to request this form. If you prefer, you may change your beneficiary designation through your Online Personal Account via the STRS Ohio website at [www.strsoh.org](http://www.strsoh.org).

If you do not designate beneficiaries after becoming a member of this system and before your retirement, the automatic succession of beneficiaries at the time of your death will be:

**Defined Benefit Plan Participants**

1. Spouse (and qualified dependent children in spouse’s care)
2. Qualified dependent children, if monthly benefits are elected
3. Nondependent children, who share equally in a withdrawal of the STRS Ohio account
4. Dependent parent, if monthly benefits are elected
5. Parents, who share equally in a withdrawal of the STRS Ohio account
6. Estate

**Defined Contribution or Combined Plan Participants**

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

The succession of beneficiaries is desirable in nearly all instances. It applies if the member:

- Has not previously filed a beneficiary designation form with STRS Ohio, OPERS or SERS.
- Has not filed a beneficiary designation form after any one of the following: marriage; birth or adoption of a child; divorce, marriage dissolution or legal separation; or withdrawal of account.
- Is not survived by a named beneficiary.
- Designates succession of beneficiaries.
- Has changed retirement plan after filing a beneficiary designation with STRS Ohio, OPERS or SERS.

**Section 6 — Membership Record**

**RECORD OF PREVIOUS OHIO TEACHING SERVICE**

School year in which last employed in Ohio \_\_\_\_\_ – \_\_\_\_\_ Employer \_\_\_\_\_  
School district or college/university County

Did you withdraw your account from STRS Ohio after your last service prior to this year?  Yes  No

If so, what was your last name at the time you withdrew? \_\_\_\_\_

Any other last name(s) since your first employment as a teacher in Ohio? \_\_\_\_\_

**RECORD OF OTHER PUBLIC SERVICE**

If you have ever been employed in OHIO by the state; a city, county or township; a public library; a board of education; or public college/university, BEFORE THIS SCHOOL YEAR in a non-STRS Ohio-covered position, please provide the information below.

Employed by \_\_\_\_\_  
Employer Position County Dates (year–year)

If you have ever been a member, or are now a member, of any other Ohio state or municipal retirement system, please provide the name of the system:

\_\_\_\_\_

If you are now receiving a benefit payment from any Ohio retirement system, please provide the name of the system:

\_\_\_\_\_

If you have had private school teaching service anywhere in the United States; public school teaching service or other public service in other states, in territories of the United States or the District of Columbia; or federal, civilian or military service, please provide:

Type of Service	State	Dates of Service
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____