

# SCHOOL EMPLOYEES RETIREMENT SYSTEM

300 East Broad St., Suite 100 • Columbus, Ohio 43215-3746 • (614) 222-5853 • 866-280-7377

## MEMBER BENEFICIARY DESIGNATION

(Prior to age and service retirement)

Complete the **MEMBER INFORMATION**, **FAMILY DATA** and **DESIGNATION OF BENEFICIARY**. Please select EITHER Section 1–Statutory Order **or** Section 2–Specific Designation. **DO NOT COMPLETE BOTH.**

If you have previously made a specific designation of beneficiary, that designation will still be in effect until a new designation is filed. Any of the following events makes a specific designation invalid: marriage, divorce, dissolution of marriage, legal separation, the birth or adoption of a child, or the withdrawal of funds (taking a refund of your SERS contributions). Should one of these events occur, your specific beneficiary designation will become void. Your beneficiary will then be determined by the Statutory Order until a new beneficiary designation is filed.

### MEMBER INFORMATION Please complete the following information about **YOURSELF**.

Name \_\_\_\_\_ 

--	--	--	--	--	--	--	--	--	--

  
SOCIAL SECURITY NUMBER

Mailing Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

I am:  single  married  separated  divorced  widowed

The following information is optional: Home phone number (\_\_\_\_\_) \_\_\_\_\_

Work phone number (\_\_\_\_\_) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

### FAMILY DATA

In order to keep our records updated, it is important that you **COMPLETE** this section with the full names and dates of birth for each family member listed. Completing this section will not affect your beneficiary designation.

NAME	BIRTHDATE			SOCIAL SECURITY NUMBER
	MONTH	DAY	YEAR	
SPOUSE				
CHILDREN (List ALL natural or adopted children who are living - Attach additional paper if necessary)				
1.				
2.				
3.				
PARENTS WHO ARE LIVING				
1.				
2.				

### SECTION 1–DESIGNATION BY STATUTORY ORDER OF SUCCESSION

By signing below, your designation will be determined in the following order of precedence:

1) Spouse, 2) Children, 3) Parents, 4) Estate.

**I wish to have Statutory Order of Succession apply.**

\_\_\_\_\_  
YOUR LONGHAND SIGNATURE

\_\_\_\_\_  
DATE

*If you selected Statutory Order, **STOP** here. Do not complete the reverse side. If Statutory Order was not selected, the reverse side **MUST** be completed and signed by you.*

## SECTION 2—SPECIFIC DESIGNATION OF BENEFICIARY

Please consider the following information prior to making your beneficiary designation:

- If, at the time of your death, you are survived by eligible children they will receive monthly benefits regardless of your designation. An eligible child is any unmarried natural or legally adopted child under 18 (or 22 if a qualified student attending an accredited school) or regardless of age if adjudged physically or mentally incompetent.
- You may designate multiple (joint) beneficiaries. Joint beneficiaries will equally share a refund of any eligible benefit. If joint beneficiaries are named, your spouse (if applicable) would not be entitled to monthly benefits.
- If you are, or later become, a member of the State Teachers Retirement System and/or the Public Employees Retirement System, the latest designation of beneficiary filed will apply in all systems.
- If you designate your estate, trust, or an institution, only a lump sum payment will be issued with no further benefits due.

***To list additional beneficiaries, use a separate page(s). Sign and date the page.***

NAME	RELATIONSHIP	DATE OF BIRTH	ADDRESS
<b>PRIMARY BENEFICIARY(IES)</b>			
1. _____ NAME _____ SOCIAL SECURITY NUMBER			
2. _____ NAME _____ SOCIAL SECURITY NUMBER			
<b>FIRST CONTINGENT BENEFICIARY(IES)</b> applies only in the event of death of ALL primary beneficiary(ies).			
1. _____ NAME _____ SOCIAL SECURITY NUMBER			
2. _____ NAME _____ SOCIAL SECURITY NUMBER			
<b>SECOND CONTINGENT BENEFICIARY(IES)</b> applies only in the event of death of ALL above beneficiary(ies).			
1. _____ NAME _____ SOCIAL SECURITY NUMBER			
2. _____ NAME _____ SOCIAL SECURITY NUMBER			

**I wish to have the designation shown above apply on my account.**

\_\_\_\_\_  
YOUR LONGHAND SIGNATURE

\_\_\_\_\_  
DATE