



DESIGNATION OF BENEFICIARIES BEFORE BENEFIT PAYMENTS FOR DEFINED BENEFIT PLAN PARTICIPANTS

(Members may also designate or change beneficiaries through their Online Personal Accounts at www.strsoh.org.)

Member's name _____

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

Street address _____ Box no. or route no. _____ Birth date _____

City _____ State _____ ZIP code _____

Home phone (_____) _____ Cell phone (_____) _____
Area code 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 or while you are receiving STRS Ohio disability benefits if eligible. 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.

Ohio law provides a statutory succession of beneficiaries. More information about statutory succession is provided 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 <i>(This is not your beneficiary designation.)</i>					
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, or any survivor benefits, in the event of my death before accepting benefit payments or while receiving disability benefits. **I understand that this designation of beneficiaries will be canceled automatically by marriage; birth or adoption of a child; divorce, dissolution or legal separation; or withdrawal of my account.**
- I UNDERSTAND that certain sole beneficiaries may elect to withdraw my account or receive monthly survivor benefits if eligibility requirements are met. I also understand that surviving **joint** beneficiaries named as follows will be eligible to share only in the withdrawal of my account and **will not be eligible for monthly survivor benefits** unless all the beneficiaries are qualified survivors.
- I UNDERSTAND that **if I have qualified children* at the time of my death, all qualified survivors will receive monthly survivor benefits.**
- I MAY change my beneficiaries at any time by filing a revised designation with STRS Ohio.

Part 1 — Statutory Succession of Beneficiaries

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

Under statutory succession, beneficiaries qualify in the following order:

1. Spouse
2. Qualified children*
3. Nonqualified 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

If your beneficiary is eligible or required to receive monthly survivor benefits, then all other qualified survivors (spouse, qualified children, dependent parents) will receive monthly survivor benefits. If your beneficiary is not qualified to receive monthly survivor benefits, a withdrawal of the account must be taken.

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.*

Part 2 — Designation of Beneficiaries by Name

If the statutory succession of beneficiaries does not meet the requirements of your situation, you may choose to designate beneficiaries by name. **Please note that regardless of the beneficiaries you may designate by name, if you have any qualified children* at the time of your death, all qualified survivors will receive monthly survivor benefits.** A refund of your account to a designated beneficiary, inter vivos trust fund or estate will be made only if there are no qualified children* at the time of your death. If your situation is unusual, you should consult STRS Ohio about beneficiary designations. **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.
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 of account will invalidate this designation.
6. If you name a trust, it must be an inter vivos trust. Only a lump-sum payment of the withdrawal value will be paid to a trust and only if there are no qualified children* eligible for monthly benefits at the time of your death. You can enter trust information in the trust fields on Page 3.

(continued)

*Children (including legally adopted children) of a deceased member are qualified children if they have never married and are: (1) under age 22; or (2) any age, physically or mentally incapacitated before age 22 or while receiving survivor benefits.

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

Trust — Use only if naming a trust as a primary beneficiary.			
Trust name		Trust contact name	
Date of trust		Contact's street address, city, state, ZIP code	
Phone			
Email address		Percentage	%

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

Trust — Use only if naming a trust as a secondary beneficiary.			
Trust name		Trust contact name	
Date of trust		Contact's street address, city, state, ZIP code	
Phone			
Email address		Percentage	%

*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
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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) or contacting STRS Ohio.
- 4. Sign your complete name on your designation of beneficiaries. 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) 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. 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. Enter trust information in the trust section of Part 2.
- 7. Please make a copy of this document for your records.