## Beneficiary Designation (Active & DROP only)



• If there are no survivors or beneficiaries on file your accounts will be refunded to your estate.

	First Name	Middle Initia
	State	Zip Code
DOB		Home Phone
		Cell Phone
Spous	e's DOB	Marriage Date (if applicable)
vill receive a pension upon your o		ırsuant to ORC 5505.17 you
include document copies.		
Relationship (if applicable)	DOB (if applicable)	SSN (if applicable)
Relationship (if applicable)	DOB (if applicable)	SSN (if applicable)
spouse below. Pursuant to ORC ur spouse. include document copies.	5505.59, upon your pa	ssing, your DROP account
Relationship (if applicable)	DOB (if applicable)	SSN (if applicable)
Relationship (if applicable)  Relationship (if applicable)	DOB (if applicable)  DOB (if applicable)	SSN (if applicable)  SSN (if applicable)
	Spouse Spouse Count - Do not list your spouse of will receive a pension upon your of include document copies.  Relationship (if applicable)  Relationship (if applicable)  Spouse below. Pursuant to ORC our spouse.	Spouse's DOB  Spouse's DOB  Spouse's DOB  Spouse's DOB  Sount – Do <u>not</u> list your <u>spouse or dependent</u> below. Puvill receive a pension upon your death.  Include document copies.  Relationship (if applicable)  Relationship (if applicable)  DOB (if applicable)  Spouse below. Pursuant to ORC 5505.59, upon your paur spouse.