



# BENEFICIARY DESIGNATION INSTRUCTIONS

1. You may choose an individual, your estate, a trust, or charitable organization as your beneficiary.
2. Check one "Beneficiary Type" for each beneficiary, either primary or contingent.
3. Your beneficiary's name, Social Security number or tax identification number, relationship, date of birth, and percentage are required. Phone number is recommended, but optional.
4. You cannot name the same person as both primary and contingent beneficiary. "Per stirpes" is not a valid beneficiary designation and will not be accepted.
5. Primary beneficiary must total 100% and contingent beneficiary, if applicable, must total 100%. You may designate beneficiary percentages to the hundredths of a percent (e.g., 33.34%)
6. The share of any primary beneficiary who is no longer living or is otherwise disqualified by law at the time of your death, will pass to any remaining primary beneficiaries in as equal shares as possible, unless you designate otherwise. Your contingent beneficiaries will only be paid if all your primary beneficiaries are not living at the time of your death. The share of any contingent beneficiary who is no longer living or is otherwise disqualified by law at the time of your death, will pass to any remaining contingent beneficiaries in as equal shares as possible, unless you designate otherwise. An equal division of assets for an odd number of beneficiaries, except for one and five, is not possible.
7. If you elect a trust as your beneficiary, you must provide a copy of the trust for your Beneficiary Designation form to be accepted and processed.
8. If you elect a charitable organization as your beneficiary, you must have the charity's taxpayer identification number for your Beneficiary Designation form to be accepted and processed.
9. If you elect your estate or trust as your primary beneficiary, there is no contingent beneficiary. You may choose an individual(s) as your primary beneficiary(ies) and choose your estate, trust, or charity as your contingent beneficiary in case no primary beneficiaries are living at the time of your death.
10. Beneficiaries who are minors will not receive a distribution unless a legal guardian is appointed. If this is the case, payments will be made to the guardian on behalf of the minor.
11. If you are naming more than five total beneficiaries, check the box that you are including an additional page. You must sign and date the form and sign and date the additional page. Please keep a copy for your records.
12. You must initial any changes made on the form.
13. Your execution of the Beneficiary Designation form and acceptance by Ohio DC revokes all prior beneficiary designations.
14. Failure to properly adhere to the above instructions may result in your Beneficiary Designation form deemed to be invalid and unacceptable. It is your responsibility to confirm that your Beneficiary Designation form has been accepted.
15. Remember to update your beneficiary designation(s) in the event you get a divorce, dissolution, or annulment. In addition, remember to provide Ohio DC with your Divorce Decree and Separation Agreement if a Qualified Domestic Relations Order is not being provided to Ohio DC. Ohio DC will not provide legal advice. Please consult an attorney regarding any possible impact a divorce, dissolution, annulment, or other life event may have on your Ohio DC account(s) and beneficiary designation(s).
16. You may want to inform the individual(s) you designate as your beneficiary(ies). In the event of your passing, they can contact our Service Center to establish their beneficiary account(s).
17. If you have any questions, please contact our Service Center at 877-644-6457 or visit [Ohio457.org](http://Ohio457.org).

**Return form to:**

**Ohio Deferred Compensation  
257 East Town Street, Suite 457  
Columbus, Ohio 43215-4626  
Fax: 614-222-9457**

# BENEFICIARY DESIGNATION

READ PREVIOUS PAGE FOR IMPORTANT INSTRUCTIONS



Deferred  
Compensation

**Save time and paper! Update your beneficiary online. Log In at [Ohio457.org](http://Ohio457.org)**

## Participant Information

Print Name \_\_\_\_\_

Social Security Number or Account Number \_\_\_\_\_

If you want this beneficiary designation to apply to **ALL** established Ohio DC accounts as of the signed date, provide your Social Security Number. If you want this beneficiary designation to apply to only a specific Ohio DC account as of the signed date, provide the corresponding Account Number.

**Primary beneficiary must total 100%. If contingent beneficiary designations are made, the percentages must total 100%. Failure to have percentages total 100% may result in your Beneficiary Designation form being deemed invalid and unacceptable. You may designate beneficiary percentages to the hundredths of a percent (e.g., 33.34%).**

**You must check one "Beneficiary Type" for each beneficiary. Failure to do so may result in your Beneficiary Designation form being deemed invalid and unacceptable.**

Beneficiary Type (Check One): ☐ Primary ☐ Contingent

Name \_\_\_\_\_

Relationship \_\_\_\_\_

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_\_ Percentage \_\_\_\_\_

Phone Number \_\_\_\_\_

Beneficiary Type (Check One): ☐ Primary ☐ Contingent

Name \_\_\_\_\_

Relationship \_\_\_\_\_

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_\_ Percentage \_\_\_\_\_

Phone Number \_\_\_\_\_

Beneficiary Type (Check One): ☐ Primary ☐ Contingent

Name \_\_\_\_\_

Relationship \_\_\_\_\_

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_\_ Percentage \_\_\_\_\_

Phone Number \_\_\_\_\_

Beneficiary Type (Check One): ☐ Primary ☐ Contingent

Name \_\_\_\_\_

Relationship \_\_\_\_\_

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_\_ Percentage \_\_\_\_\_

Phone Number \_\_\_\_\_

Beneficiary Type (Check One): ☐ Primary ☐ Contingent

Name \_\_\_\_\_

Relationship \_\_\_\_\_

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_\_ Percentage \_\_\_\_\_

Phone Number \_\_\_\_\_

☐ Check this box if you are submitting additional pages to identify additional beneficiaries.

I hereby designate the above beneficiary(ies) to receive benefits payable under the Plan, if any, in the event of my death.

Participant's Signature \_\_\_\_\_

Date \_\_\_\_\_

OHIO-0781-1223.2