

BENEFICIARY DESIGNATIONS

Member Information

Membership (check one)	
<input type="checkbox"/>	<input type="checkbox"/>
Active	Retiree

First Name	Last Name	MI	Date of Birth
Address			
City	State	Zip Code	
Email	Phone (Home)	Phone (Cell)	

Designation of PRIMARY Beneficiary

I hereby name the following beneficiary to receive any AD & D death benefit payable on my behalf.

First Name	Last Name	MI	Date of Birth
Relationship to member <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Other (specify) _____			
Address			
City	State	Zip Code	
Email	Phone (Home)	Phone (Cell)	

Designation of Contingent Beneficiary

If the designated primary beneficiary does not survive me, I hereby name the following contingent beneficiary to receive any AD & D death benefit payable on my behalf.

First Name	Last Name	MI	Date of Birth
Relationship to member <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Other (specify) _____			
Address			
City	State	Zip Code	
Email	Phone (Home)	Phone (Cell)	

Participant Consent

I have completed, understand and agree to all information provided on this Beneficiary Designation form.

Participant Signature

Date

*See opposite side for **Important Information Regarding this Form***

IMPORTANT INFORMATION REGARDING THIS FORM

- This designation is effective upon execution and delivery to Ohio Troopers Coalition at the address listed below:

Ohio Troopers Coalition
6161 Busch Blvd. Suite #130
Columbus, OH 43229

- New beneficiary forms filed will supersede any previous designation. Therefore, if you want to add or delete a beneficiary, you must submit a new form indicating the primary and contingent beneficiary you wish to designate.
- Failure to provide information may result in the failure to pay benefits.