

OKLAHOMA TEACHERS' RETIREMENT SYSTEM  
P.O BOX 53524 OKLAHOMA CITY, OKLAHOMA 73152

D.01

PERSONAL DATA

0. Reason for sending Personal Data:

New Member	Job change	Address	Dist-Transfer
Name Change	Post-Retirement	Beneficiary	Other

1. \_\_\_\_\_  
Social Security Number                      Name of School District or Institution                      County

2. \_\_\_\_\_  
Last Name/ Legal Name                      First Given Name                      Middle Given Name                      Maiden Name

Male                      Female                      Single                      Married

3. \_\_\_\_\_  
Permanent Mailing Address

\_\_\_\_\_

City    State    Zip Code

4. \_\_\_\_\_  
Date of Birth                                      Place of Birth                                      County                                      State or Country

5. \_\_\_\_\_  
Email Address

---

6. Position you will hold \_\_\_\_\_

Employment Date \_\_\_\_\_ Hours/Day \_\_\_\_\_ Contract Year \_\_\_\_\_

*(Membership eligibility requirements: Mandatory members must work at least 50% of workday; Optional members must work at least 20 hours per week. Contract year should be defined as 9.10.11 or 12 months/Year.*

I certify the above-named employee meets the requirements for membership in Oklahoma Teachers' Retirement System.

Superintendent / Payroll Officer \_\_\_\_\_

---

7. Have you ever been a member of Oklahoma Teachers' Retirement System?	Yes	No
Were you a member before you started this job?	Yes	No
Have you withdrawn an account?	Yes	No
Are you retired from Oklahoma Teachers' Retirement System?	Yes	No

8. If the answer to any of the questions in No. 7 is "Yes", please complete the applicable columns listing most recent employment first.

School District, College or Agency	County	Year	Under what Name?	When Withdrawn?
------------------------------------	--------	------	------------------	-----------------

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby declare and affirm, under penalty of perjury, that to the best of my knowledge and belief, all statements and answers as written or printed herein are full, complete, and true, whether or not written by my own hand.

Signature of Member \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Social Security Number

**DESIGNATION OF BENEFICIARIES**

All information (full name, date of birth, age, relationship and address of proposed beneficiary/beneficiaries) must be completed.

**SECTION 1 - PRIMARY BENEFICIARY(IES):** is the sole beneficiary if living at the member's death. If more than one beneficiary is named in this section, the interest of all beneficiaries shall be equal. Upon the death of any designated primary beneficiary, his/her interest shall pass to the surviving primary beneficiaries in equal share. If you have more than 3 beneficiaries, use a copy of this page.

1. I hereby designate \_\_\_\_\_  
First Name Middle Name Last Name Date of Birth Age  
Relationship \_\_\_\_\_ Address \_\_\_\_\_

2. I hereby designate \_\_\_\_\_  
First Name Middle Name Last Name Date of Birth Age  
Relationship \_\_\_\_\_ Address \_\_\_\_\_

3. I hereby designate \_\_\_\_\_  
First Name Middle Name Last Name Date of Birth Age  
Relationship \_\_\_\_\_ Address \_\_\_\_\_

as my primary beneficiary(ies) if living, or in the event of prior death of all primary beneficiaries, then payment is to be made to the contingent beneficiaries is Section 2.

---

**SECTION 2 - CONTINGENT BENEFICIARY(IES):** does not share in the amount due if any of the primary beneficiaries are living at the member's death. Payment will be made to the contingent beneficiaries if all primary beneficiaries are deceased. If more than one contingent beneficiary is named, payment will be made in equal shares. Upon the death of a contingent beneficiary, his/her interest shall pass to the surviving contingent beneficiaries in equal shares. If you have more than 3 contingent beneficiaries, use a copy of this page.

1. I hereby designate \_\_\_\_\_  
First Name Middle Name Last Name Date of Birth Age  
Relationship \_\_\_\_\_ Address \_\_\_\_\_

2. I hereby designate \_\_\_\_\_  
First Name Middle Name Last Name Date of Birth Age  
Relationship \_\_\_\_\_ Address \_\_\_\_\_

3. I hereby designate \_\_\_\_\_  
First Name Middle Name Last Name Date of Birth Age  
Relationship \_\_\_\_\_ Address \_\_\_\_\_

as my contingent beneficiary(ies) to receive the amount set forth in the Teachers' Retirement Law in the event of my death before retirement. (Contingent beneficiaries do not share in the amount dues if any of the primary beneficiaries are living at my death.)

**Minor Beneficiary:** Under Oklahoma law, if a minor child (younger than 18 years of age) is designated as beneficiary, it will be necessary that a guardian be appointed by the court before payment are made.

**Revoking Previous Designation of Beneficiary:** By this election, I hereby revoke all other former designations made by me and expressly reserve the right to make other and further changes at any time I may elect. If there is no designated beneficiary living at the time of my death, any amount due me shall be paid as provided by the Teachers' Retirement Law.

Signature of Member \_\_\_\_\_ Date \_\_\_\_\_

(The signature must appear exactly as the name appears on the reserve side of this form. Power of attorney or Guardian signature not valid unless accompanied by court order specifically authorizing the right to change beneficiaries.)