



# Oklahoma Municipal Retirement Fund BENEFICIARY DESIGNATION FORM

## PERSONAL INFORMATION (Please print clearly using black or blue ink)

**NAME:** \_\_\_\_\_ **SOCIAL SECURITY NUMBER:** \_\_\_\_\_  
**MAILING ADDRESS:** \_\_\_\_\_ **APT:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_  
**DAY PHONE:** \_\_\_\_\_ **EVENING PHONE:** \_\_\_\_\_  
**EMAIL:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**EMPLOYER NAME:** \_\_\_\_\_

## INSTRUCTIONS

1. You may go online at <http://okmrforg.voya.com> under Personal Information to elect your beneficiary(ies).
2. If you designate a trust as a beneficiary, please include the trust name and trust date.
3. If you list more than one beneficiary, the total of all Primary and Contingent Beneficiaries must be in whole increments and equal 100%. If you need to add additional names, please use a separate piece of paper clearly labeling Primary or Contingent Beneficiaries.
4. If your Primary Beneficiary(ies) die(s) before you, then Plan benefits will be distributed to Contingent Beneficiary(ies).
5. A minor child (under the age of 18) cannot be designated as a Primary or Contingent Beneficiary.

## PRIMARY BENEFICIARY(IES)

Full Name and Mailing Address	Social Security Number	Date of Birth	Relationship to You	Percent of Benefit* <small>(Whole % only, must total 100%)</small>
1 _____ _____ _____	_____	____/____/____ <small>M M D D Y Y Y Y</small>		___ __ .00%
2 _____ _____ _____	_____	____/____/____ <small>M M D D Y Y Y Y</small>		___ __ .00%
3 _____ _____ _____	_____	____/____/____ <small>M M D D Y Y Y Y</small>		___ __ .00%
4 _____ _____ _____	_____	____/____/____ <small>M M D D Y Y Y Y</small>		___ __ .00%

**\* A Percent of Benefit must be provided for each Primary Beneficiary, even if only a single beneficiary is listed. The percent assigned to each Primary Beneficiary must be in whole increments and must total to 100%. Both of these requirements must be met in order for this form to be accepted and processed.**

**Oklahoma Municipal Retirement Fund**  
**BENEFICIARY DESIGNATION FORM**

<b>CONTINGENT BENEFICIARY(IES)</b>				
<b>Full Name and Mailing Address</b>	<b>Social Security Number</b>	<b>Date of Birth</b>	<b>Relationship to You</b>	<b>Percent of Benefit* (Whole % only, must total 100%)</b>
1 _____ _____ _____	_____	____/____/____ M M D D Y Y Y Y		___ __ .00%
2 _____ _____ _____	_____	____/____/____ M M D D Y Y Y Y		___ __ .00%
3 _____ _____ _____	_____	____/____/____ M M D D Y Y Y Y		___ __ .00%
4 _____ _____ _____	_____	____/____/____ M M D D Y Y Y Y		___ __ .00%
<b>* A Percent of Benefit must be provided for each Contingent Beneficiary, even if only a single beneficiary is listed. The percent assigned to each Contingent Beneficiary must be in whole increments and must total to 100%. Both of these requirements must be met in order for this form to be accepted and processed.</b>				<b>%</b>

**AUTHORIZED SIGNATURE**

I understand that I may revoke or change this designation at any time by filing a new designation of beneficiary and that by doing so, I revoke all prior designations.

I understand that if none of the above-named beneficiary(ies) survive me, all benefits under the Plan will be distributed according to the provisions stated in the Plan Document.

*I hereby certify under the pains and penalties of perjury that the information I furnished herein is true, accurate and complete.*

PARTICIPANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**CHECKLIST**

**PLEASE REVIEW YOUR APPLICATION CAREFULLY.**

- Read the required instructions.
- Provided complete personal information including name and Social Security number.
- Provided your Primary Beneficiary(ies). Make sure you have completed all the sections and that your percentages of benefit total 100%.
- Completed the Contingent Beneficiaries section. The total percent equals 100% of benefit.
- Listed the name, address, social security number, birth date and relationship of all Beneficiaries (primary and contingent).
- Signed and dated your Beneficiary Designation (Authorized Signature). Must be dated in the last 90 days.
- Made a copy for your records and send the original to Voya.

**You will receive a confirmation statement on your beneficiary elections. If you have any questions or need to obtain additional plan or account information, please go online at <http://okmrforg.voya.com> or call the Oklahoma Municipal Retirement Fund Service Center at 1-844-466-5673. Customer Service Associates at available Monday through Friday, 7:00 A.M. to 7:00 P.M. Central Time (excluding stock market holidays).**

**If your application is complete, please mail the application and any additional documents to:**

**VIA FAX**

Voya Financial  
Attn: Oklahoma Municipal Retirement Fund  
1-844-206-7965

**VIA MAIL**

Voya Financial  
Attn: Oklahoma Municipal Retirement Fund  
P.O. Box 24747  
Jacksonville, FL 32241-4747

**VIA OVERNIGHT DELIVERY**

Voya Financial  
Attn: Oklahoma Municipal Retirement Fund  
8900 Prominence Parkway  
Jacksonville, FL 32256-8264