



PERSONAL DATA

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All data contained on the Personal Data form must match the data submitted electronically by the employer via monthly contribution reports.

Please designate the reason for completing this form: New Member Post Retirement Employment Position Change
 Dist. Transfer Beneficiary Information Address Change Other _____

1. **Social Security Number** _____ **Name of School District or Institution** _____ **County** _____

2. **Legal Name** (All requests for change of name must include legal documentation [i.e. Marriage Certificate, Divorce Decree, etc.])

 (Last) (First Given Name) (Middle Given Name) (Maiden Name)

3. **Permanent Mailing Address** (Address must match address on monthly contribution reports)

 (City) (State) (Zip Code)

Male
 Female

 Single
 Married

4. **Date of Birth** _____
 (Month) (Day) (Year)

Place of Birth (Town) _____ (County) _____ (State or Country) _____

5. **Date of Employment** _____ **Position you will hold** _____

Hours typically worked per week _____

Position's total number of days worked per Fiscal* year _____
 * i.e. 260 days/year for most 12-month employees from July 1 – June 30.

6. **a. Have you ever been a member of the Oklahoma Teachers Retirement System?** Yes No

b. Were you a member before starting this job? Yes No

c. Have you withdrawn an account? Yes No

(Optional)

7. If the answer to questions No. 6.c. is "yes," please complete the applicable columns listing most recent employment first.

(School District, College or Agency)	(County)	(Year)	(Under What Name)	(Approximate Withdrawal Date)

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** _____

I certify the above-named employee meets the requirements for membership in the Oklahoma Teachers Retirement System.
Superintendent / Payroll Officer _____

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Oklahoma Teachers Retirement System Designation of Beneficiaries

Name

SSN or OTRS Client ID

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

SECTION 1 – PRIMARY BENEFICIARY(IES): 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 two primary 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

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 in 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 two 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. (Contingent beneficiaries do not share in the amount due 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 is 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

Date

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