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

D.3B

BENEFICIARIES DESIGNATION

Name		SS	N# or Ret#		
Address		City	State	Zip	
All information (f	ull name, date of birth, ag	e, relationship and address of p	proposed beneficiary/bene	ficiaries) must be comp	leted.
named in this sect	ion, the interest of all ben	Y(IES): is the sole beneficiary eficiaries shall be equal. Upon the sin equal share. If you have	the death of any designat	ed primary beneficiary,	his/her in
I. I hereby designa	ate				
	First Name	Middle Name	Last Name	Date of Birth	Age
	Relationship	Address			
2. I hereby designa	ate		_		
	First Name	Middle Name	Last Name	Date of Birth	Age
	Relationship	Address			
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