OKLAHOMA TEACHERS' RETIREMENT SYSTEM P.O BOX 53524 - OKLAHOMA CITY, OK 73152 BENEFICIARIES DESIGNATION D.3B

D.3B

Name		SS	SSN# or Ret#		
Address		City	State	Zip	-
All information (fu	all name, date of birth, ago	e, relationship and address of p	proposed beneficiary/bene	ficiaries) must be comple	eted.
named in this secti	ion, the interest of all ben	RY(IES): is the sole beneficiary eficiaries shall be equal. Upon aries in equal share. If you have	the death of any designat	ted primary beneficiary,	his/her inte
1. I hereby designa	riteFirst Name	Middle Name	Last Name	Date of Birth	Age
	Relationship	Address			
2. I hereby designa	te First Name	Middle Name	Last Name	Date of Birth	Age
	Relationship	Address			
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accompanied by court order specifically authorizing the right to change beneficiaries.)