

OMAHA SCHOOL EMPLOYEES' RETIREMENT SYSTEM
3215 Cuming Street
Omaha, NE 68131-2024

In accordance with sections 79-978 to 79-9,116, Revised Statutes of Nebraska, 1943, as amended, I request the person(s) on the reverse side of this card be named under said statutes as my designated beneficiary(ies) of any benefits that may be payable under the Retirement System after my death. Unless a separate beneficiary designation form is completed by me and filed in the Compensation & Benefits Office, this person(s) shall also be named as beneficiary(ies) of any salary, accumulated sick leave payment, or long term disability benefits payable as well as any benefits of the Basic Life Insurance Benefit provided by the School District, subject to the terms of the group contract between the insurance company and the School District. I further understand the beneficiary(ies) of any Voluntary Supplemental Life Insurance Benefit I may have will be named in a separate beneficiary designation form available from the School District. The execution and filing of this card with the Executive Director of the Retirement System revokes all prior beneficiary designations I may have previously made. Unless otherwise specifically provided on this card, if any primary beneficiary predeceases me, that beneficiary's share shall be payable equally to the remaining designated primary beneficiary(ies). If no primary beneficiary survives me, secondary beneficiary(ies) will be treated in the same manner as the primary beneficiary(ies). If no designated beneficiary survives, the beneficiary shall be my estate.

_____	_____	_____
Signature of Witness	Date signed	Signature of Employee
<i>(Witness may not be a beneficiary or a family member.)</i>		
	_____	_____
	Employee #	Social Security Number

COMPLETE BOTH SIDES OF THIS CARD.
NEITHER THIS BENEFICIARY DESIGNATION NOR ANY FUTURE CHANGE OF BENEFICIARY DESIGNATION WILL BE EFFECTIVE UNLESS SIGNED, DATED, WITNESSED, AND FILED WITH THE EXECUTIVE DIRECTOR OF THE RETIREMENT SYSTEM.

DESIGNATION OF BENEFICIARY(IES)

(If more than one is named in each category, primary and secondary, the beneficiaries within each category shall share equally unless otherwise stated.)

PRIMARY BENEFICIARY	RELATED TO ME AS	ADDRESS, CITY, STATE, ZIP	SOCIAL SECURITY NUMBER
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SECONDARY BENEFICIARY	RELATED TO ME AS	ADDRESS, CITY, STATE, ZIP	SOCIAL SECURITY NUMBER
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____