



Ohio Public Employees Retirement System

277 East Town Street, Columbus, Ohio 43215-4642

1-800-222-PERS (7377) www.opers.org

Application for a Transfer to an Alternative Retirement Plan (ARP)

This application is to be used by an actively employed ARP participant to apply for the direct transfer of an OPERS account to an Alternative Retirement Plan. The applicant must not be currently employed in any other OPERS-covered position. By selecting to transfer an OPERS account, the applicant will cancel service credit and benefits under OPERS and will be forever barred from claiming or purchasing service credit under any Ohio public retirement system for the period of employment while the election is in effect.

Section 1 - Personal Information

Social Security Number

Date of Birth

First Name

MI Last Name

Street or Mailing Address

Apt. Number

City

State

ZIP Code

Home Phone Number

Work Phone Number

Fax Phone Number

E-mail Address

Section 2 - Alternative Retirement Plan Administrator Information

This name should be the same as the provider you chose on your ARP election form.

Alternative Retirement Plan Administrator Name

Account Number

Section 3 - Participants in Multiple OPERS Retirement Plans

Complete this Section only if you have contributions in more than one OPERS Retirement Plan (Traditional Pension Plan, Member-Directed Plan, or Combined Plan). You may elect to transfer the account from one or more of the plans. For example, you may transfer your Traditional Pension Plan account to the ARP vendor and leave your Member-Directed Plan account on deposit. Upon transfer of your account from each plan, any voluntary contributions you have made in that plan will also be transferred to the ARP vendor. If you are unsure of whether you have contributions in more than one OPERS plan, you can obtain this information from OPERS before making your decision. Do not complete if you are currently retired.

I choose to transfer my account(s) and any additional deposits in the following plans to the ARP vendor indicated in Section 2 of this form.

Transfer my contributions in **all plans** to the ARP vendor.

Member-Directed Plan

Traditional Pension Plan

Combined Plan

Section 4 - Acknowledgment

Must be completed by the applicant and signed in the presence of a Notary Public or your employer's payroll officer.
IF NOTARIZED, THE NOTARY'S STAMP OR SEAL IS REQUIRED.

State of _____, County of _____.

I am applying for a transfer of my account to my Alternative Retirement Plan.

I am currently employed in an **ARP-eligible** position with:

I am not currently employed in any other OPERS-covered position.

I acknowledge that OPERS will transfer my account(s), as described below and which may include any voluntary contributions, to my Alternative Retirement Plan administrator as described below.

- **Traditional Pension Plan** - My employee contributions and allowable interest will be transferred to the ARP.
- **Member-Directed Plan** - My individual account, including any vested employer contributions, will be transferred to the ARP.
- **Combined Plan** - My employee contributions and any monies used to purchase service credit will be transferred to the ARP.

If I am a re-employed retiree, I understand that, if I am under the age of 65 at the time of transfer, my contributions and allowable interest will be transferred to my ARP administrator. If I am a re-employed retiree over the age of 65 at the time of transfer, my contributions, allowable interest, and an additional matching amount will be transferred to my ARP administrator.

Being duly sworn, I, the undersigned, state that the information provided in this Application is complete and true to the best of my knowledge and belief.

Today's Date

Contributor Signature _____
Do not print or type name

Sworn and subscribed to me this _____ day of _____, 20_____

Notary Public _____ My commission expires _____
Signature

OR

Today's Date

Payroll Officer Verification _____
Signature

Section 5 - ARP Employer Certification

This Section should be completed by the applicant's current ARP employer.

Is the above applicant currently employed? Yes No

If "no," provide date of termination.

Today's Date

Signature of Payroll Officer _____
Do not print or type name

Payroll Officer Name

Department

Employer Code

Payroll Officer Phone Number