



ADDITIONAL ANNUITY BENEFIT POP UP REQUEST

Ohio Public Employees Retirement System
277 East Town Street, Columbus, Ohio 43215-4642

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

STEP 1: Personal Information

Social Security Number

First Name

MI

Last Name

STEP 2: Beneficiary Designation

- I want my former spouse to remain my beneficiary
- I do not want my former spouse to remain my beneficiary. I will provide new beneficiary information below.

Beneficiary First Name

MI

Last Name

Social Security Number

Gender

Male

Female

Birth Date

Address

City

State

ZIP Code

Relationship to Retiree/Contributor _____

To designate additional beneficiaries, please attach a separate piece of paper and include all the information requested above for each beneficiary. Any additional pages must be signed by you and notarized.

Please check this box if you are attaching additional pages.

STEP 3: Former Spousal Consent

This step must be completed by your former spouse and signed in the presence of a Notary Public.

State of _____, County of _____.

Being duly sworn, I _____, the undersigned, am the former spouse of _____.
Print former spouse name Print retiree/contributor's name

I consent to the retiree/contributor's election to cancel the plan of payment that would have provided a continuing monthly benefit to me after their death, to change their plan of payment to the Single Life Plan, and to designate a new beneficiary, if applicable.

Former Spouse Signature _____ Today's Date ____/____/____
Do not print or type name

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

Notary Public _____ My commission expires ____/____/____

STEP 4: Retiree/Contributor Acknowledgment

This step must be completed and signed in the presence of a Notary Public.

Being duly sworn, I, the undersigned, state that the information I provided on this form is complete and true to the best of my knowledge and belief. As provided by Ohio retirement law, I hereby authorize OPERS to calculate my additional annuity allowance on the Single Life Plan and I reserve the right to change my plan of payment and/or beneficiary designation as provided in the law.

Retiree/Contributor Signature _____ Today's Date ____/____/____
Do not print or type name

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

Notary Public _____ My commission expires ____/____/____