



ADDITIONAL ANNUITY BENEFIT - MULTIPLE LIFE PLAN ONLY

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: 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 my portion of his/her additional annuity allowance that would have provided a continuing monthly benefit to me after his/her death.

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 3: 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 recalculate my additional annuity allowance under the Multiple Life Plan.

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 ____/____/____