



# Ohio Public Employees Retirement System

277 East Town Street, Columbus, Ohio 43215-4642

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



## Application For Additional Annuity Lump Sum Payment

Complete this form and submit all the pages, except the *Special Tax Notice*, if you want to receive a lump sum payment of your additional annuity account.

Before you apply to receive your lump sum payment please read the enclosed *Special Tax Notice Regarding OPERS Payments*.

### Section 1 - Personal Information

Social Security Number

OPERS ID

First Name

MI

Last Name

Street or Mailing Address

Apt. Number

City

State

ZIP Code

Province

Country

Postal Code

Date of Birth

Are you legally married?

Spouse Date of Birth

Home Phone Number

Work Phone Number

Cell Phone Number

E-mail Address

See next page

Do Not Write In This Area





**Section 5 - Acknowledgment**

Complete this Section and sign it in the presence of a Notary Public or your most recent employer's payroll officer.

State of \_\_\_\_\_, County of \_\_\_\_\_.  
In accordance with Ohio Revised Code Section 145.63, I am applying for a lump sum payment of my additional annuity account.

I acknowledge that, as part of this Application, I have received and reviewed the *Special Tax Notice Regarding OPERS Payments* addressing my payment and direct rollover rights. I acknowledge my right to receive the Special Tax Notice in writing on paper at no charge. I further acknowledge that I have at least 30 days following receipt of the Special Tax Notice to decide whether or not I want a direct rollover of my payment. I also acknowledge that my submission of this Application before the end of the 30 day period constitutes a waiver of my rights to any additional time for consideration of my options and authorizes my payment, or direct rollover, as elected before the expiration of the 30 day period.

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.

Member Signature \_\_\_\_\_  
Do not print or type name

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Sworn and subscribed to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Public \_\_\_\_\_ My commission expires \_\_\_\_\_  
Do not print or type name

-OR-

Payroll Officer Verification \_\_\_\_\_  
Do not print or type name

Today's Date		
Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>