Ohio Public Employees Retirement System

277 East Town Street, Columbus, Ohio 43215-4642
1-800-222-PERS (7377) www.opers.org

Alternate Payee Personal Information and Address Confirmation

Please complete, sign, and return the form to OPERS at the address above. Print in ink or type the requested information below. OPERS must have your complete Social Security number to report federal tax withholding on any payments that you may receive due to the Division of Property Order on the member's account.

Section 1 - Member's Personal Information

Social Security Number | **Date Of Birth** Month Day Year

First Name | **MI** | **Last Name**

Section 2 - Your Personal Information

Social Security Number | **Date Of Birth** Month Day Year | **Daytime Phone Number**

Name as it appears on Division of Property Order:

First Name | **MI** | **Last Name**

Section 3 - Name Change - *Complete this Section if your name has changed since the filing of the Division of Property Order.*

NEW NAME:

First Name | **MI** | **Last Name**

Section 4 - Address - *Section 3105.82, Ohio Revised Code, and Paragraph I(D) of a Division of Property Order retained by OPERS require that OPERS receive written notification of your address change. Please continue to keep your address information current with OPERS.*

CURRENT ADDRESS:

Street or Mailing Address | **Apt. Number**

City | **State** | **ZIP Code** -

Section 5 - Signature

I acknowledge that the information provided on this form is true and accurate.

Today's date Month Day Year

Signature_____

Do not print or type