



CHANGE REQUEST

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

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



This form is used to request a name or address change with OPERS. A recipient receiving a benefit or payment may also use this form to request a change to their banking information. Change requests cannot be processed without required supporting documentation and a signature in Step 5.

All pages of the form must be returned to OPERS upon completion, regardless if pages were left blank. In order to make the changes we are required to have the form in its entirety.

Please select the change(s) you are requesting:

- Address
- Name
- Bank

STEP 1: Personal Information

OPERS ID

Date of Birth

-OR-

Member's Social Security Number

Benefit Recipient's Social Security Number (If applicable)

Home Phone Number

Work Phone Number

E-mail Address

Name as it currently appears on your OPERS account

First Name

MI

Last Name

STEP 2: Address Change

Complete this Step to change your permanent or mailing address. Your permanent address is your physical residential address. Your mailing address is the address you wish OPERS to use when contacting you by mail. A mailing address is only necessary if you are requesting OPERS to contact you by mail at an address different from your permanent address.

Complete Step 5 to authorize the change.

New Permanent Address

City

State

ZIP Code

Country/Province

New Mailing Address

City

State

ZIP Code

Country/Province

Effective Date of Mailing Address Change

STEP 3: Name Change

Complete this Step to change your name. An individual may change his or her name only upon providing OPERS with a complete copy of one of the following documents indicating the new name: a marriage certificate, a divorce or dissolution decree (including any separation agreement) that restores the individual to a prior name, an entry of change of name issued by a probate court in Ohio or another state, or a copy of a Social Security card. The form must be signed as your name appears before changes will be made. Please do not send originals.

Complete Step 5 to authorize the change.

New Name: First Name

MI

Last Name

STEP 4: Bank Change

If you are a recipient receiving a benefit or payment from OPERS, complete this Step to change your banking information and sign below to authorize the change. Direct deposit is not available for members who reside outside the United States. If you live outside the U.S. and you complete this Step, your monthly benefit or payment will be sent as a paper check to the bank address listed below.

Complete Step 5 to authorize the change.

Indicate the plan(s) to which you want the change(s) applied. If you do not make a selection, the change(s) will be made to all plans in which you participate.

- All plans Traditional Pension Plan Member-Directed Plan Combined Plan
- Money Purchase Plan Additional Annuity Plan Survivor Benefit Disability Benefit

Bank Name

Bank Address

City

State

ZIP Code

Bank Routing Number

Account Number

(Choose only one.)

- Checking or Savings

Example Check > Valid routing numbers begin with 0, 1, 2 or 3



STEP 5: Authorization

I hereby request that the change(s) noted on this form be made to my OPERS account.

Your signature for the name as it now appears on your OPERS account.

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

