



Ohio Public Employees Retirement System

277 East Town Street, Columbus, Ohio 43215-4642

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



Alternate Payee Address/Bank/Name Change Request

Please complete, sign, and return the form to OPERS at the address above. Include any required supporting documentation. Print in ink or type the requested information below.

Section 1 - Member's Personal Information

Social Security Number

Date Of Birth

Year

First Name

MI

Last Name

Section 2 - Your Personal Information

Social Security Number

Date Of Birth

Year

Daytime Phone Number

Name as it currently appears on approved Division of Property order or ongoing periodic payments from OPERS:

First Name

MI

Last Name

Section 3 - Address Change - Section 3105.82, Ohio Revised Code, and Paragraph I(D) of a Division of Property Order retained by OPERS per Ohio retirement law require that OPERS receive written notification of your address change. Complete this Section to change your address.

OLD ADDRESS:

Street or Mailing Address

Apt. Number

City

State

ZIP Code

Province

Country

Postal Code

NEW ADDRESS:

Street or Mailing Address

Apt. Number

City

State

ZIP Code

Province

Country

Postal Code

Section 4 - Bank Change - If you are an alternate payee currently receiving a periodic payment from OPERS, complete this Section to change your banking information and sign below to authorize the change. Attach a voided check or deposit slip.

Direct deposit is not available for alternate payees who reside outside the United States. If you live outside the U.S. and you complete this Section, your monthly payment will be sent as a paper check to the bank address listed below.

Bank Name

Bank Address

City

State

ZIP Code

Province

Country

Postal Code

Type of Account

Checking

Savings

Bank Routing Number

Note: A valid routing number will begin only with a 0, 1, 2 or 3.

Account Number

Section 5 - Name Change - Complete this Section to change your name. An individual may change his or her name only upon providing OPERS with a copy of one of the following documents indicating the new name: a marriage certificate, a divorce or dissolution decree 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. Please do not send originals.

Your signature for the name as it now appears on the approved Division of Property Order or ongoing periodic payment.

Do not print or type

NEW NAME:

First Name

MI

Last Name

Section 6 - Signature

I hereby request that the change(s) noted on this form be made to the personal information relative to my OPERS payment.

Today's date

Month

Day

Year

Signature

Do not print or type