



# Ohio Public Employees Retirement System

277 East Town Street, Columbus, Ohio 43215-4642

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

## Application For A Money Purchase Payment

A monthly annuity or lump sum payment is payable the first day of the month following the last day you were paid for a re-employment period or the first day of the month after you turn 65, whichever is later. If you were previously working as a re-employed retiree and are currently receiving a monthly annuity or have received a lump sum payment, 12 months must pass before a new annuity payment may be determined.

### Section 1 - Personal Information

If you are receiving benefits from another Ohio retirement system, you must submit proof of your birth date to OPERS.

Social Security Number

First Name

MI

Last Name

Street or Mailing Address

Apt. Number

City

State

ZIP Code

Last Date of Service

Date of Birth

Are you legally married?

Month Day Year

Month Day Year

Male

Female

Yes

No

Work Phone Number

Fax Phone Number

E-mail Address

### Section 2 - Payment Method

Choose only one alternative by marking it with an "X."

You may change your selection at any time prior to cashing your first monthly payment or your lump sum payment by completing a form available from OPERS. If your monthly annuity amount is less than \$25 per month, you are eligible to receive only a lump sum payment. In this case, the lump sum payment will be automatically issued to you. If you select Plan A, C, or D below, proof of your beneficiary's date of birth must be submitted. If you are married and select a plan other than Plan A, your spouse must sign in Section 5 - SPOUSAL CONSENT.

#### MONTHLY PAYMENT:

- PLAN A:** A joint survivorship annuity providing for payment to me as long as I live and thereafter 50 percent of such annuity to my spouse if they survive me, for as long as they live. (If you would like a percentage other than 50, see PLAN C or D below.)
- PLAN B:** An annuity payable throughout my life only and terminating at my death with no further monthly payment. If the total allowance received during my lifetime does not equal what I would have received as a lump sum payment, the remaining balance will be paid to my beneficiary.
- PLAN C:** A joint survivorship annuity providing for payment to me as long as I live and thereafter in a specified percentage to my beneficiary. I choose  percent of such annuity to be paid to my beneficiary if they survive me, for as long as they live. (Select PLAN C ONLY if you are naming a beneficiary other than your spouse or if you wish your spouse, as beneficiary, to receive an amount other than 50 percent. If you would like 100 percent of your annuity to go to your beneficiary, select PLAN D below. Only one beneficiary may be designated.)
- PLAN D:** A joint survivorship annuity providing for payment to me as long as I live and thereafter in the same amount (100 percent) to my beneficiary if they survive me, for as long as they live. (Only one beneficiary may be designated.)

#### LUMP SUM PAYMENT:

- This method is a one-time lump sum payment of the benefit. This payment is subject to applicable taxes.





## Section 7 - Acknowledgement

This Section must be completed and signed in the presence of a Notary Public.

State of \_\_\_\_\_, County of \_\_\_\_\_.

Being duly sworn, I, the undersigned, state that the information I provided in this Application is complete and true to the best of my knowledge and belief. I acknowledge that, as part of this Application, I have received and reviewed the *Special Tax Notice Regarding OPERS Payments* addressing my lump sum payment and direct rollover rights. After receiving this notice, I have at least 30 days to consider whether or not to have my lump sum payment directly rolled over. If I do not wish to wait until the 30-day notice period ends before my Application is processed, I must waive the notice period by making an affirmative election indicating whether or not I wish to make a direct rollover.

I acknowledge that I have been advised of my right to consider my decision of whether to make a direct rollover. In signing this Application and submitting the Application to OPERS, I elect to waive my right to the 30-day notice period regarding my direct rollover rights and I authorize the Ohio Public Employees Retirement System to calculate and process my benefit based on this Application.

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 \_\_\_\_\_

## Section 8 - Certification By Payroll Officer

The final three pay periods to be submitted to OPERS for the above applicant are:

Pay - Beginning Date	Pay - Ending Date	OPERS Retirement Contribution
Month Day Year <input type="text"/>	Month Day Year <input type="text"/>	\$ <input type="text"/>
Month Day Year <input type="text"/>	Month Day Year <input type="text"/>	\$ <input type="text"/>
Month Day Year <input type="text"/>	Month Day Year <input type="text"/>	\$ <input type="text"/>

I certify that the applicant has terminated covered employment and that no leave of absence has been granted.

The last day this employee was paid for covered public service was: Month Day Year

The last retirement contribution is on the *Report of Retirement Contributions* for period ending: Month Day Year

Payroll Officer Signature \_\_\_\_\_ Payroll Officer Printed Name \_\_\_\_\_  
Month Day Year

Employer Code \_\_\_\_\_ Department \_\_\_\_\_ Telephone Number \_\_\_\_\_