



AGE AND SERVICE RETIREMENT BENEFIT POP DOWN REQUEST

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

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

STEP 1: Personal Information

Social Security Number

First Name

MI

Last Name

STEP 2: Payment Plan and Beneficiary Information

Joint Life Plan – I choose percent % Whole percent between 10 and 100%.

Beneficiary Information

1. Spouse First Name

MI

Last Name

Social Security Number

Gender

Male Female

Birth Date

STEP 3: Spousal Consent

This step must be completed by your spouse and signed in the presence of a Notary Public.

State of _____, County of _____.

Being duly sworn, I _____, the undersigned, am the spouse of _____.
Print member's spouse name Print member name

I have read the plans of payment and consent to the payment plan selection.

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

Sworn and subscribed to me this _____ day of _____, 20 _____

Notary Public _____ My commission expires ____/____/____

STEP 4: Retiree Acknowledgment

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

Being duly sworn, I, the undersigned, state that the information I provided on this form is complete and true to the best of my knowledge and belief. As provided by Ohio retirement law, I hereby authorize OPERS to calculate my retirement allowance on the basis indicated in Step 2.

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

Sworn and subscribed to me this _____ day of _____, 20 _____

Notary Public _____ My commission expires ____/____/____