Ohio Public Employees Retirement System

277 East Town Street, Columbus, Ohio 43215-4642

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

Age and Service Retirement Benefit Pop Down Request

(You are encouraged to contact OPERS before you submit this form.)

Use this form if your effective benefit date was on or after Nov. 1, 2006, you are currently receiving an age and service retirement benefit under the Joint Life Plan or the Multiple Life Plan, are court-ordered to designate one or more than one former spouse as a beneficiary and wish to designate your new spouse as beneficiary after your marriage. Please note the following:

- *You have one year from your date of marriage to designate your new spouse.*
- *You cannot add your new spouse as beneficiary if you already have four beneficiaries under the Multiple Life Plan or selected the Multiple Life Plan voluntarily (no court order) regardless of the number of beneficiaries.*
- *Allocations must remain the same for any former spouse previously designated as required by court order.*

Your request to add your new spouse is effective upon OPERS' receipt of this properly completed and valid form. However, the change in your benefit amount is effective on the first day of the month following OPERS' receipt of this Form. In the event your death occurs prior to OPERS' receipt of your properly completed and valid form, the change will not take effect and benefits, including health care coverage, will be paid in accordance with your existing plan of payment.

Section 1 - Personal Information

Social Security Number

First Name | MI | Last Name

Street or Mailing Address | Apt. Number

City | State | ZIP Code -

Home Phone Number | Cell Phone Number

E-mail Address

Section 2 - New Beneficiary Designation and Multiple Life Plan Allocation - *Review the examples below to see which options are available to you. Then, complete the applicable beneficiary sections on page 2. You must provide proof of date of birth for your new spouse.*

EXAMPLE 1 - A retiree is receiving a benefit under the Multiple Life Plan, currently with fewer than four designated beneficiaries. The retiree wants to add a new spouse as a beneficiary.

	Current allocation			New allocation	
1. Former spouse	30%	→	No change permitted	→ 30%	
2. Current beneficiary 2	30%	→	May be reduced	→ 20%	(cannot be less than 10%)
3. Current beneficiary 3	20%	→	May be reduced	→ 20%	(cannot be less than 10%)
			New spouse	→ + 30%	(cannot be less than 10%)
				100%	TOTAL may not exceed 100%

EXAMPLE 2 - A retiree is receiving a benefit under the Joint Life Plan with a former spouse as beneficiary pursuant to a court order and wants to change to the Multiple Life Plan to add a new spouse beneficiary. Only complete the new spouse beneficiary section on page 2.

	Current allocation			New allocation	
1. Former spouse	50%	→	No change permitted	→ 50%	
			New spouse	→ + 50%	(cannot be less than 10%)
				100%	TOTAL may not exceed 100%

See next page

Section 2 - New Beneficiary Designation and Multiple Life Plan Allocation continued from page 1

1. New Spouse First Name | MI

Last Name | Male | Female

Social Security Number

Date Of Birth Month Day Year

Allocation for the Multiple Life Plan %

EXISTING BENEFICIARY(IES) - *Use spaces below if Example 1 on page 1 applies to you.*
All beneficiaries must be listed even if no changes are made to current beneficiary percentage.

2. Former Spouse/Current Beneficiary First Name | MI

Last Name | Male | Female

Multiple Life Plan allocation
(no change permitted for court-ordered former spouse) %

3. Former Spouse/Current Beneficiary First Name | MI

Last Name | Male | Female

Multiple Life Plan allocation
(no change permitted for court-ordered former spouse) %

4. Former Spouse/Current Beneficiary First Name | MI

Last Name | Male | Female

Multiple Life Plan allocation
(no change permitted for court-ordered former spouse) %

+

Total Multiple Life Plan allocation %

If you specifically designated a beneficiary(ies) for the lump sum death benefit on a *Designation of Beneficiary for Lump Sum Death Benefit (DBO-3)*, that designation remains in effect unless you file another *DBO-3* form. You may access the form at www.opers.org or check the box to have the form sent to you. ☐

In the absence of a specific designation, the beneficiaries named above will also receive the lump sum death benefit.

Section 3 - Retiree's Acknowledgment - *This Section 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 Section 2. I acknowledge my right to change my allocation and beneficiary designation as provided in the law.

Today's Date Month Day Year

Retiree Signature_____
Do not print or type name

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

Notary Public _____ My commission expires _____
Signature