

MULTIPLE LIFE PLAN OF PAYMENT CHANGE - MARRIAGE

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		OPERS ID	
	-OR-		
First Name	MI	Last Name	
CTED 2. Nov. Crosses Donafision. Designation	and Mult	linla Lifa Dlan	Allonotion
STEP 2: New Spouse Beneficiary Designation	and Mult		Allocation
1) New Spouse First Name	MI	Last Name	
Social Security Number	Gender		Birth Date
	O Male	e	
			,
Allocation for the Multiple Life Plan:)		
Current/Existing Beneficiaries			
2) Former Spouse/Current Beneficiary First Name	MI	Last Name	
2) Former opouse/ourrent beneficiary First Name	IVII	Last Name	
Social Security Number	Gender		Allocation for the Multiple Life Plan
	O Mal	e C Female	%
3) Former Spouse/Current Beneficiary First Name	MI	Last Name	
Social Security Number	Gender	_	Allocation for the Multiple Life Plan
	O Mal	e C Female	%

STEP 2: New Spouse Beneficiary Designation and Multiple Life Plan Allocation

Current/Existing Beneficiaries - Continued

4) Former Spouse/Current Beneficiary First Name	MI	Last Name	
Social Security Number — — — —	Gender Male	○ Female	Allocation for the Multiple Life Plan // // Total Multiple Life Plan Allocation
			%

STEP 3: Retiree/Contributor Acknowledgment

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 allowance on the basis indicated in Step 2. I acknowledge my right to change my allocation and beneficiary designation as provided in the law.

Retiree/Contributor Signature	
Sworn and subscribed to me this day	of, 20
Notary Public	My commission expires