



PLAN OF PAYMENT CHANGE DIVORCE

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

□□□□ — □□□□ — □□□□□□

-OR-

OPERS ID

□□□□□□□□□□□□□□□□

First Name

□□□□□□□□□□□□□□□□

MI

□

Last Name

□□□□□□□□□□□□□□□□

STEP 2: Benefit Information

Please indicate the benefit type you are currently receiving. Check all that apply.

- Traditional Age and Service Retirement
- Money Purchase Annuity
- Additional Annuity
- Combined Plan
- Member Directed Plan

STEP 3: Beneficiary Designation

- I want my former spouse to remain my beneficiary.
- I do not want my former spouse to remain my beneficiary. I will provide new beneficiary information below.

Beneficiary First Name

□□□□□□□□□□□□□□□□

MI

□

Last Name

□□□□□□□□□□□□□□□□

Social Security Number

□□□□ — □□□□ — □□□□□□

Gender

Male

Female

Birth Date

□□□□ / □□□□ / □□□□□□

Address

□□□□□□□□□□□□□□□□

□□□□□□□□□□□□□□□□

City

□□□□

State

□□□□□□□□

ZIP Code

Relationship to Retiree/Contributor _____

If you specifically designated a beneficiary(ies) for the lump sum death benefit of your Traditional Pension Plan or Combined Plan retirement benefit on a Designation of Beneficiary for Lump Sum Death Benefit (DBO-3T or DBO-3CO), that designation remains in effect unless you file another DBO-3T or DBO-3CO form. You may access the form at www.opers.org or call 1-800-222-7377 to have the form sent to you. *In the absence of a specific designation, the beneficiary named above will also receive the lump sum death benefit.*

To designate additional beneficiaries, please attach a separate piece of paper and include all the information requested above for each beneficiary. Any additional pages must be signed by you and notarized.

Please check this box if you are attaching additional pages.

STEP 4: Former Spouse's Consent

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

State of _____, County of _____.

Being duly sworn, I _____, the undersigned, am the former spouse of _____.
Print retiree/contributor's former spouse name Print retiree/contributor name

I consent to the retiree/contributor's election to cancel the plan of payment that would have provided a continuing monthly benefit to me after their death, to change their plan of payment to Single Life Plan, and to designate a new beneficiary, if applicable.

Former Spouse Signature _____ Today's Date ____/____/____

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

Notary Public _____ My commission expires ____/____/____

STEP 5: Retiree/Contributor 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 recalculate my benefit allowance under the Single Life Plan and I reserve the right to change my plan of payment and/or beneficiary designation as provided in the law.

Retiree/Contributor Signature _____ Today's Date ____/____/____

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

Notary Public _____ My commission expires ____/____/____