



AGE AND SERVICE RETIREMENT BENEFIT - MULTIPLE LIFE PLAN ONLY POP UP 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

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First Name

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MI

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Last Name

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STEP 2: Former Spousal 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's former spouse name Print retiree's name

I consent to the retiree's election to cancel my portion of his/her retirement allowance that would have provided a continuing monthly benefit to me after his/her death.

Former 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 3: 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 recalculate my retirement allowance under the Multiple Life Plan.

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 ____/____/____