



# MULTIPLE LIFE 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

—   —

OPERS ID

-OR-

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: 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 my portion of his/her retirement or annuity allowance that would have provided a continuing monthly benefit to me after his/her death.

Former Spouse's Signature \_\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Sworn and subscribed to me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Notary Public \_\_\_\_\_ My commission expires \_\_\_\_/\_\_\_\_/\_\_\_\_

#### STEP 4: 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 Multiple Life Plan.

Retiree/Contributor Signature \_\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Sworn and subscribed to me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Notary Public \_\_\_\_\_ My commission expires \_\_\_\_/\_\_\_\_/\_\_\_\_