



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

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OPERS ID

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-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 Annuity

Money Purchase

Additional Annuity

Combined Plan

Member Directed Plan

STEP 3: Payment Plan and Beneficiary Designation

Joint Life Plan - I choose □□□□ % (Must be a whole percentage between 10 and 100%.)

Beneficiary Information

Beneficiary First Name

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MI

□

Last Name

□□□□□□□□□□□□□□□□

Social Security Number

□□□□—□□□□—□□□□□□

Gender

Male

Female

Birth Date

□□□□/□□□□/□□□□□□

STEP 4: Spousal Consent

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

State of _____, County of _____.

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

I have read the plans of payment and consent to the payment selection.

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 calculate my retirement allowance on the basis indicated on Step 2.

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

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

Notary Public _____ My commission expires ____/____/____