

ADDITIONAL ANNUITY BENEFIT POP DOWN 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 — — — — — — — — — — — — — — — — — — —						
First Name	MI	Last Name				
STEP 2: Payment Plan and Beneficiary Information						
Joint Life Plan – I choose percent [%] Whole percent between 10 and 100%.						
Beneficiary Information						
1. Spouse First Name	MI	Last Name				
Social Security Number	Gender		Birth Date			
	O Male	○ Female				

STEP 3: Retiree/Contributor Acknowledgment

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

I hereby authorize OPERS to calculate my allowance on the basis indicated in Step 2.

Retiree/Contributor Signature	Today's Date	
Sworn and subscribed to me this day of	, 20	
Notary Public	My commission expires /	
Do not print or type name		_