



# TRADITIONAL PENSION PLAN RETIREMENT APPLICATION

Ohio Public Employees Retirement System  
277 East Town Street, Columbus, Ohio 43215-4642

1-800-222-PERS (7377)  
www.opers.org



## STEP 1: Member Information

Social Security Number

OPERS ID

First Name

MI

Last Name

Are you legally married?  Yes  No

## STEP 2: Other Retirement System Service Information

I **DO NOT** have service in another Ohio retirement system.

### **STOP** Skip to Step 3

I **DO** have service in another Ohio retirement system called: \_\_\_\_\_

**Yes**  **No** Combine my SERS and / or STRS account with my Ohio PERS account (If you **DO NOT** combine your accounts, your benefit amount may be affected.)

## STEP 3: Other Service Information

**Yes**  **No** Are you in the process of, or planning to, purchase service credit?

If yes, what type? \_\_\_\_\_

## STEP 4: Monthly Benefit

Choose Only One Plan of Payment:

**Single Life Plan**

**Joint Life Plan** – I choose percent  % (Whole percent between 10 and 100%. You may select less than 10% if required by a court order to designate a former spouse).

**Multiple Life Plan** (multiple survivors - at least two, but not more than four)

## STEP 5: Beneficiary Information (You must provide at least one beneficiary. Does **NOT** apply to the Lump Sum Option)

1. First Name

MI

Last Name

Social Security Number

Birth Date

Gender  **Male**  **Female**  **Prefer Not To Say**

### Relationship to Member

Spouse  Child  Other \_\_\_\_\_ Allocation (Multiple Life Plan only)  %

## STEP 5: Beneficiary Information (continued)

2. First Name [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] MI Last Name [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Social Security Number [ ] [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] Birth Date [ ] [ ] / [ ] [ ] / [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Gender  Male  Female  Prefer Not To Say

### Relationship to Member

Spouse  Child  Other \_\_\_\_\_ Allocation (Multiple Life Plan only) [ ] [ ] %

## STEP 6: Employment Information

Name of Public Employer 1: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] Last Day of Employment [ ] [ ] / [ ] [ ] / [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Are you planning to return to work at this or another public employer?  
 Yes  No

Date Returning to Work [ ] [ ] / [ ] [ ] / [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Name of Public Employer 2: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] Last Day of Employment [ ] [ ] / [ ] [ ] / [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Are you planning to return to work at this or another public employer?  
 Yes  No

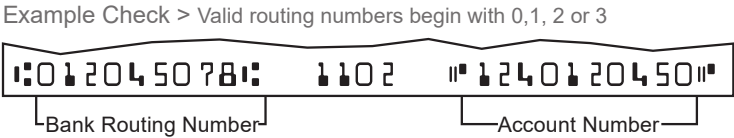
Date Returning to Work [ ] [ ] / [ ] [ ] / [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

## STEP 7: Member Banking Information for Monthly Benefit and PLOP (if applicable)

Bank Name [ ]

Bank Routing Number [ ] Account Number [ ]

(Choose only one.)  
 Checking or  Savings



**STEP 8: Partial Lump Sum Option Payment [PLOP]**

**PLOP Election** (Choose only one option)

- I elect **NOT TO** receive a PLOP  
**STOP** Skip to Step 9 if you are **NOT** receiving a PLOP.
- I elect **TO** receive a PLOP

**PLOP Amount** (Choose only one option)

- I choose the **MINIMUM** PLOP amount.
- I choose the **MAXIMUM** PLOP amount.
- I choose a specific PLOP amount of: \$

**PLOP Distribution Method** (Choose only one option)

- Send the PLOP to the bank listed in Step 7  
**STOP** Skip to Step 9
- Roll over all or a portion of my PLOP amount to one or more qualified accounts

**Qualified Account Information**

I am rolling over to a:  Roth IRA  Traditional IRA or Eligible Retirement Plan

Account Number for Qualified Account

Name of Qualified Institution or Trust Company

Percentage or amount to be rolled over to this account:    % or \$

- Mail the PLOP rollover check directly to me.  
**STOP** Skip to Step 9
- Mail the PLOP rollover check to my qualified account at this address:

Address of Qualified Institution or Trust Company

City

State   ZIP Code

OPERS is not able to accept your rollover paper work, if it must accompany your PLOP, please select the "Mail PLOP rollover check directly to me." option.

**STEP 9: Spousal Consent**

**MEMBER:** If you are married at the time you apply for a retirement benefit, this Step (10) must be completed by your spouse and **signed in presence of a Notary Public** when the application is completed in full. Spousal consent is irrevocable.

State of \_\_\_\_\_, County of \_\_\_\_\_.

Being duly sworn, I \_\_\_\_\_, the undersigned, am the spouse of \_\_\_\_\_.  
Print member's spouse name Print member name

Upon reviewing the plans of payment and reviewing my spouse's beneficiary designation, I am consenting to the plan of payment my spouse selected, the beneficiary(ies) designated, and any Partial Lump Sum Option Payment amount (if chosen).

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

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

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

**STEP 10: Member Acknowledgment**

**This section must be completed and signed in the presence of a Notary Public when the application is completed in full.**

State of \_\_\_\_\_, County of \_\_\_\_\_.

Being duly sworn, I, the undersigned, state that the information I provided in this Application is complete and true to the best of my knowledge and belief.

I acknowledge I have selected a plan of payment and designated a beneficiary on my OPERS account in Steps 4 and 5 of this application in accordance with any court orders issued under the laws of this state or another state regarding the division of marital property, received by OPERS, and to which I may be subject.

I acknowledge that, as part of this Application, I have received and reviewed the Special Tax Notice Regarding OPERS Payments addressing my payment and direct rollover rights. I acknowledge my right to receive the Special Tax Notice in writing and on paper at no charge. After receiving this notice, I have at least 30 days to consider whether to have my payment directly rolled over.

I acknowledge that I have been advised of my right to consider my decision of whether to make a direct rollover and, in signing this Application and submitting it to OPERS, I elect to waive my right to the 30-day notice period regarding my direct rollover rights and I authorize OPERS to process my payment based on this Application.

Member Signature \_\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Do not print or type name

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

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