

## ANNUITY PAYMENT PLAN SELECTION FOR MULTIPLE BENEFICIARIES

Please complete this form and file it with the Ohio Police & Fire Pension Fund (OP&F) if you are an OP&F member who wishes, or is required to select the Multiple Beneficiary Annuity payment plan. Under this plan, up to four persons may be designated as beneficiaries to receive a certain percentage of your reduced lifetime monthly allowance upon your death. OP&F may be required to administer your annuity payment plan selection based upon court orders that require you to name a former spouse as a beneficiary.

If you select the multiple beneficiary annuity payment plan at retirement, you cannot change the designation of beneficiaries during the interim payment process, but can change the percentage payable to each beneficiary if the proper paperwork is submitted to and approved by OP&F.

If you are married on your effective date of retirement, Ohio law requires the consent of your spouse for an annuity selection that provides for less than a 50 percent Joint and Survivor Annuity (JSA) payable to your spouse, unless there is a court order that requires you to designate a former spouse as a beneficiary under an annuity payment plan. Otherwise, OP&F is required by law to process your selection based on a 50 percent JSA payable to your spouse.

You may also use this form if you were required to designate a former spouse as a beneficiary at retirement and have since re-married and wish to also name your current spouse as a beneficiary. However, you must make this selection within one year after the date of remarriage and the new plan selected cannot reduce the amount that would be due and payable to your former spouse. If it does, OP&F will not be able to process your new selection. Also, the effective date of this change will be the first day of the month following the month in which this form and supporting documentation are received by OP&F.

For more detailed information, please refer to the *Member's Guide to Annuity Payment Plans* or contact OP&F Customer Service for assistance.

### Section A: Member information

Name: first, middle initial, last, suffix (Jr., III, etc.)	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Police officer <input type="checkbox"/> Firefighter	Social Security number <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																				
Street / Post office box	Home telephone		Date of birth <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																				
City, state, ZIP code	Alternate telephone																						

Marital Status       Single       Married       Divorced       Married, but previously divorced

If you have been divorced, you must file copies of all decree(s) of divorce or dissolution or marriage with OP&F for proper designation of your beneficiary.

If married, spouse's name: first, middle initial, last

Marriage date(s):

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Divorce date(s):

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## Section B: Court ordered designations

Please note that Ohio law may prevent OP&F from processing your annuity payment plan selection if you are under a court order to designate a former spouse as a beneficiary. If you are changing your annuity payment plan, your new plan selection cannot reduce the payment to the former spouse. If it does, OP&F will not be able to process your new selection.

Initial  
here.

By initialing this box, I **certify to OP&F that I am not under a court order** to designate a former spouse(s) as a beneficiary under an annuity payment plan for OP&F benefits.

Initial  
here.

By initialing this box, I **certify to OP&F that I am under a court order** to designate the following former spouse(s) as a beneficiary under an annuity payment plan for OP&F benefits.

If you are under a court order to designate former spouse(s) as a beneficiary, please write their name(s) and Social Security number(s) below and provide a time-stamped copy of the court order, judgment entry or decree, if not previously submitted.

Name	Social Security number
Name	Social Security number
Name	Social Security number
Name	Social Security number

## Section C: Multiple Beneficiary Annuity plan selection

Please be sure to attach copies of all required documentation and obtain spousal consent if required.

**Please note that Ohio law may prevent OP&F from processing your annuity payment plan selection if you are married and did not provide the required spousal consent or if you are under a court order to designate a former spouse as a beneficiary under an annuity payment plan and you did not do so.**

### Multiple Beneficiary Annuity Plan

I hereby authorize OP&F to pay my benefits on the basis of the following multiple beneficiary annuity payment plan and agree to accept a reduced monthly allowance from OP&F so that my beneficiaries listed below will be entitled to receive a lifetime monthly allowance equal to the percentage of my reduced monthly allowance, set forth below, payable upon my death. In choosing this plan of payment, I understand that I may only designate up to four beneficiaries and that the total allowance for all four beneficiaries cannot exceed 100% of my lesser retirement allowance. I also understand that I may be restricted from naming a beneficiary upon a marriage if I am under court order that requires the designation of a former spouse(s) as beneficiary(ies). Non-court ordered beneficiaries may not be less than 10 percent.

- **Documentation required:** Copies of birth certificates for both you and your beneficiary(ies), as well as your marriage certificate if a beneficiary is your spouse.
- **Spousal consent required:** If you are retiring and you are married on your effective date of retirement, Ohio law requires the consent of your spouse in the form provided in Section F for an annuity selection that provides for less than a 50 percent JSA payable to your spouse, unless there is a court order that requires you to designate a former spouse as a beneficiary. Otherwise, OP&F is required by law to process your selection based on a 50 percent JSA payable to your spouse.

Provide information below about your spouse or other beneficiaries.

#### Beneficiary 1

Court-ordered beneficiary

Not court-ordered beneficiary

	Name: First, MI, Last, Suffix (Jr., III, etc.)	Relationship	Social Security Number											
	Street / P.O. Box		<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table>											
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#### Beneficiary 2

Court-ordered beneficiary

Not court-ordered beneficiary

	Name: First, MI, Last, Suffix (Jr., III, etc.)	Relationship	Social Security Number											
	Street / P.O. Box		<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table>											
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#### Beneficiary 3

Court-ordered beneficiary

Not court-ordered beneficiary

	Name: First, MI, Last, Suffix (Jr., III, etc.)	Relationship	Social Security Number											
	Street / P.O. Box		<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table>											
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#### Beneficiary 4

Court-ordered beneficiary

Not court-ordered beneficiary

	Name: First, MI, Last, Suffix (Jr., III, etc.)	Relationship	Social Security Number											
	Street / P.O. Box		<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table>											
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## Section D: Member signature and acknowledgement

I, the member described in section A of this *Annuity Payment Plan Selection for Multiple Beneficiaries*, who, having been duly sworn, represent that I am the person herein described, and I certify that the statements made herein are true and correct. I understand that my OP&F benefits will not be processed until OP&F's receipt of this form and any other documentation required to process benefits. I understand that Ohio law may prevent OP&F from processing my annuity payment plan selection if I am married at the time of retirement and did not provide the required spousal consent or if I am under a court order to designate a former spouse as a beneficiary under the annuity payment plan and did not do so.

I understand and agree that this annuity plan selection replaces any prior annuity payment plan selection once received by OP&F and can only be changed in certain limited circumstances.

Member's Signature ▶	Date of Signature
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## Section E: Notary Public requirement

*The notary public in good standing must sign in the space provided in this section and affix their seal.*

State of \_\_\_\_\_, County of \_\_\_\_\_, ss:

The foregoing *Annuity Payment Plan Selection For Multiple Beneficiaries* was acknowledged before me by the member named in Section A, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Affix Seal Here	Notary signature
	Print name
	My Commission Expires

## Section F: Spousal consent for less than mandated annuity payment plan

**COMPLETE THIS SECTION ONLY if you are married at the time of retirement, not upon post-retirement marriage.**

I am the spouse of the OP&F member identified in Section A of the *Annuity Payment Plan Selection for Multiple Beneficiaries*. I understand that under Ohio law, I am entitled to receive a monthly annuity of at least 50% of the member's lesser benefit allowance upon the member's death, unless there is a court order issued under Ohio Revised Code Sections 3105.171 or 3105.65 or the laws of another state regarding the division of marital property that requires the designation of a former spouse as a beneficiary under an annuity payment plan. If no such court order exists, I understand that the member's selection under Section C of this form that provides for less than 50% of the member's lesser benefit allowance to me will not be effective without my consent, which can only be evidenced by my notarized signature below.

If I grant this consent, I understand that I will not receive the mandated annuity payment plan (i.e., a 50% Joint and Survivor Annuity) and OP&F has no obligation to provide any survivor benefit to me other than those mandated by law. I agree that my spouse and OP&F have informed me of the consequences of the member's annuity payment plan selection and I understand the consequence of me signing this section. By signing this consent, I am waiving any rights that I would otherwise have under a 50% Joint and Survivor Annuity. I also understand that my consent is irrevocable once filed with OP&F, except as otherwise provided by law. The signing of this consent is my free and voluntary act.

Spouse's Signature ▶	Date of Signature
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## Section G: Notary Public requirement

*The notary public in good standing must sign in the space provided in this section and affix their seal.*

State of \_\_\_\_\_, County of \_\_\_\_\_, ss:

The foregoing *Annuity Payment Plan Selection For Multiple Beneficiaries* was acknowledged before me by the member's spouse named in the foregoing Section F, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Affix Seal Here	Notary signature
	Print name
	My Commission Expires