

APPLICATION FOR JOINT AND SURVIVOR ANNUITY PAYMENT PLAN UPON POST-RETIREMENT MARRIAGE

Please complete this form and file it with the Ohio Police & Fire Pension Fund (OP&F) if you wish to change your Single Life Annuity (SLA) payment plan to a Joint and Survivor Annuity (JSA) payment plan upon post-retirement marriage, provided you do so within one year of the date of marriage or remarriage, subject to certain conditions. By changing your payment plan to a JSA, your monthly benefit will be reduced in order to provide for a continuing annuity for your surviving spouse as your designated beneficiary after your death. The benefit payable to you and your beneficiary will be based on each person's actuarial age with the actuarial equivalent of a Single Life Annuity being based on the effective date of change. The effective date of the change of your monthly benefit will be the date this form is received by OP&F.

If you were required by a court order to designate a former spouse as a beneficiary at retirement and you have re-married, you may elect the multiple beneficiary annuity payment plan with your former spouse and new spouse designated as beneficiaries, as long as the new plan does not reduce the amount that would be due and paid to your former spouse. In this event, disregard this form and complete the Annuity Payment Plan Selection for Multiple Beneficiaries Form.

If you have any questions, please refer to Members' Guide to Annuity Payment Plans, Members' Guide to Survivor Benefits, or contact OP&F Customer Service for assistance.

Section A: Member information

Name: First, MI, Last, suffix (Jr. III, etc.)		Social Security Number																				
Street Address / Post office box	Home telephone	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																				
City, State, ZIP code	Alternate telephone:	Date of birth																				
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Section B: Beneficiary information

You may designate your spouse as your beneficiary below. **Please attach a copy of your birth certificate, your spouse's birth certificate, and a copy of your marriage certificate to this form.**

By selecting a JSA plan of payment, you designate that upon your death, a percentage of your reduced monthly allowance, between one and 100 percent, will be continued to your surviving spouse for his or her life. The greater the percentage selected, the more your benefit will be reduced, and the greater the allowance paid to your surviving spouse after your death.



Please indicate the percentage of your monthly allowance that will be continued upon your death to your spouse, in the box to the left.

Name: First, MI, Last, suffix (Jr. III, etc.)	Relationship to member: Spouse																				
Street Address / Post office box	Social Security number: <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																				
City, State, ZIP code	Telephone number:																				

Section C: Signature and acknowledgement

I, the member described in Section A of this Application for Joint and Survivor Annuity Plan form, who, having been duly sworn, represent that I am the person herein described; and it is my will and intent to cancel my Single Life Annuity plan of payment (or its equivalent) and to apply for a Joint and Survivor Annuity payment plan with my spouse designated as my beneficiary.

I understand and agree that my monthly benefit will be reduced and the annuities payable to myself and my spouse, upon my death, will be based on each person's actuarial age with the actuarial equivalent of a Single Life Annuity being based on the effective date of change. I also understand and agree that the effective date of the change of my monthly benefit will be the date this form is received by OP&F.

Member's Signature:

Date of signature:

Section D: 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 Application for Joint and Survivor Annuity Plan form was acknowledged before me by the member named in the foregoing Section A, this _____ day of _____, 20_____.

Affix Seal here

Notary's signature:

Print name:

My commission expires: