



### Section C: Signature and acknowledgement

I, the member described in Section A of this Application for Single Life Annuity Payment Plan form, who, having been duly sworn, represent that I am the person herein described; it is my will and intent to cancel my Joint and Survivor Annuity plan of payment plan (or its equivalent), to rescind my designated beneficiary due to the termination of marriage or my beneficiary's death, and to apply for a Single Life Annuity plan of payment; and I certify that all statements included herein are true and correct.

**For Death of Beneficiary:** I understand and agree that the effective date of the change of my monthly benefit will be the first day of the month following receipt of the notice of death by OP&F, and that I am not entitled to the retroactive difference between the reduced amount and maximum amount of my benefit. I further understand that if I do not provide OP&F with supporting documentation of the death of my designated beneficiary within 90 days, OP&F will reinstate my Joint and Survivor Annuity payment plan with my designated beneficiary and seek recovery of the overpaid benefits.

**For Termination of Marriage:** I understand and agree that the effective date of the change of my monthly benefit will be the first day of the month following the month in which this form and any necessary documentation are received by OP&F. I also understand that Ohio law may prevent OP&F from processing my application if I do not provide the consent of my former spouse and required court documentation, and that I am not entitled to the retroactive difference between the reduced amount and the maximum amount of my benefit.

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 Single Life Annuity Payment Plan* 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:

### Section E: Consent to cancel Joint and Survivor Annuity

I am the former spouse and designated beneficiary of the OP&F member identified in Section A of this Application for Single Life Annuity Payment Plan form; I consent to the cancellation of the Joint and Survivor Annuity payment plan; and I understand that upon the death of the member identified in Section A, I will be entitled to no monthly annuity or other benefits from OP&F. I agree that the member 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. I also understand that my consent is irrevocable once filed with OP&F. The signing of this consent is my free and voluntary act.

Former Spouse's Signature:

Date of signature:

### Section F: 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 Section E of the *Application for Single Life Annuity Payment Plan* was acknowledged before me by the member's former spouse named in the foregoing Section E, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Affix Seal here

Notary's signature:

Print name:

My commission expires: