



ELECTION TO ENROLL IN DROP (Deferred Retirement Option Plan)

Please print in ink or type all entries except signatures. To apply for DROP, you must submit this completed and notarized form to OP&F. OP&F will acknowledge receipt of your application within 10 business days of receipt. Please note that filing this form does not guarantee DROP participation. All applications will be subject to a determination of eligibility by OP&F. Since OP&F will audit your service credit, you will be notified as to whether or not you meet the DROP eligibility requirements. OP&F will not accept this form if it is incomplete or the signatures in Sections D - G have been faxed, photocopied or scanned. This entire form (pages 1-4) must be on file with OP&F and contain original signatures. For more information on eligibility, enrollment, taxation of benefits and other DROP guidelines, please refer to the Members' Guide to DROP.

Section A: Member information

Name: First, MI, Last, suffix (Jr. III, etc.)		<input type="checkbox"/> Police officer	<input type="checkbox"/> Male	Social Security number <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>													
		<input type="checkbox"/> Firefighter	<input type="checkbox"/> Female														
Street Address / Post office box				Date of Birth <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>													
City, State, ZIP code																	
Home phone	<input type="checkbox"/> New	Alternate phone	<input type="checkbox"/> New	Email address	<input type="checkbox"/> New												
Marital status			Marriage date / Divorce date														
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married but previously divorced <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed																	

Section B: Payment plan selection

Please choose whether or not you want to select a payment plan by checking the box next to your selection below.

I do not want to select a payment plan. I understand that by not selecting a payment plan, I automatically qualify for a 50 percent Joint and Survivor Annuity (JSA), which would continue 50 percent of my reduced monthly retirement allowance to my surviving spouse or designated beneficiary for life should I die while participating in DROP. Since I am not selecting a payment plan, my monthly retirement benefit credited to DROP will not be reduced during my DROP participation. In addition, I understand that I will be required to select a payment plan upon retirement.

If you select this option, DO NOT complete Sections C, F and G of this form.

I do want to select a payment plan. I understand that by selecting the payment plan indicated below, I agree to accept a reduced monthly benefit credited to DROP and upon retirement, so that my spouse or other individual(s) whom I nominate as my beneficiary(ies) shall be entitled to receive a lifetime monthly allowance, equal to the percentage designated in Section C of this form, of my monthly DROP pension allowance for life upon my death. I also agree that upon retirement, OP&F will be required to reduce my retirement benefits for former spouses that are required to be named as a beneficiary under a court order. In addition, I understand that I cannot change this selection upon retirement and that if I choose less than a 50 percent JSA or choose an annuity payable to someone other than my spouse, that I must receive my spouse's consent in Section F this form, unless there are there are court orders that require designation of a former spouse as a beneficiary.

If you select this option, YOU MUST designate beneficiary(ies) for your payment plan in Section C of this form.

Section C: DROP payment plan beneficiaries

Complete the information below only if you wish to select a payment plan.

Unless there are court orders that require the designation of former spouse(s), I hereby authorize OP&F to pay my retirement benefits that I am eligible to receive on the basis of the following plan of payment and agree to accept a reduced monthly allowance from OP&F so that upon my death, my beneficiary(ies) 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.


A copy of your birth certificate, your beneficiaries' birth certificates, and marriage certificate (if your current spouse is a beneficiary). If you are under a court order to designate a former spouse as a beneficiary, you must provide a time-stamped copy of the court order (and separation agreement if incorporated into the order).

If you are married on the effective date of your retirement, Ohio law requires the consent of your spouse for an annuity selection that provides for less than 50 percent of your lesser retirement allowance payable to your spouse, unless there is a court order that requires you to designate a former spouse as a beneficiary under an annuity plan.

Ohio law may prevent OP&F from processing your 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 the annuity plan of payment and you did not do so.


- 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 plan of payment for the benefits covered under this application.
- I certify to OP&F that I **am under a court order** to designate a former spouse(s) as a beneficiary under an annuity plan of payment for the benefits covered under this application.

Beneficiary #1

 Percentage of my reduced monthly allowance payable to this beneficiary	Name: First, MI, Last, suffix (Jr. III, etc.)		<input type="checkbox"/> My spouse	<input type="checkbox"/> Court-ordered beneficiary	Social Security Number	
	Street Address / Post office box				Date of birth	
	City, State, ZIP code		Telephone			

If you are married on the effective date of your retirement, Ohio law requires the consent of your spouse for an annuity selection that provides for less than 50 percent of your lesser retirement allowance payable to your spouse, unless there is a court order that requires you to designate a former spouse as a beneficiary under an annuity plan.

Beneficiary #2

 Percentage of my reduced monthly allowance payable to this beneficiary	Name: First, MI, Last, suffix (Jr. III, etc.)		<input type="checkbox"/> Court-ordered beneficiary	Social Security Number		
	Street Address / Post office box				Date of birth	
	City, State, ZIP code		Telephone			

Beneficiary #3

Percentage of my reduced monthly allowance payable to this beneficiary

Name: First, MI, Last, suffix (Jr. III, etc.)

 Court-ordered beneficiary

Street Address / Post office box

City, State, ZIP code

Telephone

Social Security Number

--	--	--	--	--	--	--	--	--	--	--	--

Date of birth

--	--	--	--	--	--	--	--	--	--	--	--

Beneficiary #4

Percentage of my reduced monthly allowance payable to this beneficiary

Name: First, MI, Last, suffix (Jr. III, etc.)

 Court-ordered beneficiary

Street Address / Post office box

City, State, ZIP code

Telephone

Social Security Number

--	--	--	--	--	--	--	--	--	--	--	--

Date of birth

--	--	--	--	--	--	--	--	--	--	--	--

Section D: Member signature and acknowledgement

I hereby voluntarily make an election for OP&F's Deferred Retirement Option Plan (DROP) and consent to the establishment of a DROP accrual according to the terms and conditions of OP&F's governing law and administrative rules. I am aware of the taxation of DROP benefits and the other implications of a DROP election. In addition, I have been advised by OP&F to seek financial, legal and tax advice from a professional prior to submitting this election.

I understand that my election is irrevocable, with limited statutory exceptions, if OP&F does not receive written notice from me within 30 days after OP&F receives this election form or 30 days after a written notice from OP&F indicating that the actual pension amount to be credited to DROP is 10 percent lower than the last written estimate prepared by OP&F, if applicable. I also agree that I have waived my right to purchase additional service credit as my pension will be calculated based on my average annual salary and service credit earned according to the laws and rules in place at the time of my DROP election. If I have selected a payment plan in Section B of this form, the amount of my pension benefit going into DROP and upon my actual retirement will be reduced accordingly and my retirement benefit will be further reduced for any court-ordered designations.

I understand that my DROP participation will end upon: termination of my employment (including retirement); acceptance of an OP&F disability grant; death; or continuing to work more than eight years after my DROP effective date. I cannot receive a distribution from my DROP accrual until I have terminated the program and three full years have elapsed from my DROP effective date. Furthermore, I understand that I will forfeit my DROP benefits if I accept an OP&F disability grant or continue to work more than eight years after my DROP effective date.

Signature:

Date of signature:

Section E: Notary public requirement for member signature and acknowledgement

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 *Election to Enroll in Deferred Retirement Option Plan (DROP)* 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 F: Spousal consent for less than mandated plan of payment

To be completed only if the member has selected a payment plan that provides for less than 50% of the member's reduced retirement allowance to the member's spouse

I am the spouse of the OP&F member identified in Section A of this form. I understand that under Ohio law, I am entitled to receive a monthly annuity of at least 50% of the member's lesser retirement 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 the multiple beneficiary annuity plan. If no such court order exists, I understand that the member's election under Section B of this form that provides for less than 50% of the member's lesser retirement 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 plan of payment (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 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. The signing of this consent is my free and voluntary act.

Spouse's name: first, middle initial, last, suffix (Jr., III, etc.)

Spouse's signature:

Date of signature:

Section G: Notary public requirement for spousal consent

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 *Election to Enroll in Deferred Retirement Option Plan (DROP)* was acknowledged before me by the spouse named in the foregoing Section F, this _____ day of _____, 20_____.

Affix Seal here

Notary's signature:

Print name:

My commission expires:

**Ohio
Police
& Fire Pension
Fund**

Prudence • Integrity • Empathy

The Ohio Police & Fire Pension Fund (OP&F) is dedicated to providing retirement and related benefits, accurate information, dependable communication and valuable educational assistance to our members. As responsible fiduciaries, we will professionally manage the resources of OP&F and implement its practices, plans and benefit services with the highest ethical standards.

Customer Service: 888-864-8363
General Information: 614-228-2975
TTY: 614-221-3846
Facsimile: 614-628-1777
E-mail: questions@op-f.org

www.op-f.org