Ohio Police & Fire Pension Fund
140 East Town Street
Columbus, OH 43215
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www.op–f.org

PRE-RETIREMENT SURVIVOR ANNUITY APPLICATION

If an active member of the Ohio Police & Fire Pension Fund (OP&F) has not retired, but is eligible to retire and receive a pension or benefit at the time of their death, their surviving spouse or contingent dependent beneficiary is entitled to receive an annual retirement allowance. Please see OP&F's Members' Guide to Survivor Benefits for details.

An active member may designate a contingent dependent beneficiary prior to their death. However, the beneficiary is not entitled to a benefit if the member is survived by his or her spouse.

Section A: Member/Decedent information

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

Member's Social Security Number

Former profession:

◯ Police Officer ◯ Fire Fighter

Date of Death

Former employer (city or township):

Section B: Applicant information

Please check one:

◯ Spouse ◯ Contingent Dependent Beneficiary

Social Security Number

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

Date of Birth

Street Address / Post office box

City, State, ZIP code

Phone:

Date of either (check one):

◯ Marriage, or
◯ Appointment of Guardian
(attach a copy of Guardianship Award or Divorce Decree granting child custody)

Section C: Signature and acknowledgement

I, the person described in Section B of this Pre-Retirement Survivor Annuity Application, who, having been duly sworn, represent that I am the person herein described and it is my will and intent to apply for the survivor annuity payable under Section 742.3714 of the Ohio Revised Code; and that statements made herein and true and correct.

Signature: ▶

Date of signature:

Section D: Notary public requirement for signature

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 Pre-Retirement Survivor Annuity Application was acknowledged before me by the person named in the foregoing Section B, this _____ day of _____ , 20_____.

Affix Seal here

Notary's signature: ▶

Print name:

My commission expires:

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