

Section D — Payment plan selection

Choose a plan of payment for your re-employed benefits by writing your initials in the box next to your selection. You may select only one plan of payment. Please be sure to attach copies of all required documentation and obtain spousal consent if required.

Initial here to choose this plan.

Lump-sum Payment

I hereby authorize OP&F to pay my re-employed retirement benefit that I am eligible to receive in the form of a one-time lump-sum payment. I understand that if I make this selection, my survivors and I will not receive any future payment from my re-employed retiree account and OP&F has no obligation to provide any survivor benefit other than those mandated by law. I also understand that if I have not attained the age of 60, the lump-sum will be equal to contributions and interest only, with no matching contributions.

- **Additional documentation required:** None.
- **Spousal consent required:** If you are married at the time of application, Ohio law requires the consent of your spouse in the form provided in Section H of this application.

- Please check this box if you want your lump-sum distribution **sent to your home address**, as listed in Section A.
- Please check this box if you want your lump-sum distribution **directly deposited into your bank account**. Your bank's routing number is the first nine numbers in the bottom left corner of your check or deposit slip. Your bank account number is the next set of numbers. Please attach a voided check or bank deposit slip to activate Direct Deposit. Direct Deposit is provided as a service to you and OP&F assumes no liabilities including consequential and special damages.

Name of financial institution	<input type="checkbox"/> Checking account <input type="checkbox"/> Savings account	Telephone
Street / P.O. box	City, state, ZIP code	
Bank routing number	Your account number	
<input type="text"/>	<input type="text"/>	

OR

Initial here to choose this plan.

Single Life Annuity

I hereby authorize OP&F to pay my re-employed retirement benefit that I am eligible to receive on the basis of a single life annuity plan, which provides for the highest monthly amount I am entitled to receive throughout my life, and upon my death, my spouse will receive a lump-sum payment calculated by the difference between the amount received in annuity payments and the amount that would have been received as a lump-sum payment, if any. If my monthly benefit will be less than \$25, I understand that I must receive the lump-sum payment option.

- **Additional documentation required:** None.
- **Spousal consent required:** If you are married at the time of application, Ohio law requires the consent of your spouse in the form provided in Section H of this application for an annuity selection that provides for less than a 50 percent JSA payable to your spouse. Otherwise, OP&F must process your selection based on a 50 percent JSA payable to your spouse.

OR

The Joint & Survivor Annuity Election Payable to a Member's Spouse/Beneficiary option is listed on the next page.



Initial here to choose this plan.

Joint & Survivor Annuity Election Payable to a Member's Spouse/Beneficiary

I hereby authorize OP&F to pay my re-employed retirement benefit that I am eligible to receive on the basis of the following joint and survivor annuity (JSA) plan and agree to accept a reduced monthly allowance from OP&F so that my spouse listed in section B, or other beneficiary, whom I designate as my beneficiary, shall be entitled to receive a lifetime monthly allowance equal to _____ percent of my reduced monthly allowance, payable upon my death. I understand that if my monthly benefit will be less than \$25, I must receive the lump-sum payment option.

- **Additional documentation required:** Copies of your birth certificate, your beneficiary's birth certificate and a copy of your marriage certificate, if applicable.
- **Spousal consent required:** If you are married at the time of application, Ohio law requires the consent of your spouse in the form provided in Section H for an annuity selection that provides for less than a 50 percent JSA payable to your spouse or to another beneficiary. Otherwise, OP&F must process your selection based on a 50 percent JSA payable to your spouse.

Beneficiary name	<input type="checkbox"/> My spouse <input type="checkbox"/> Court-ordered beneficiary <input type="checkbox"/> Beneficiary	Social Security number
Street / P.O. box		<input type="text"/>
City, State, ZIP Code	Home telephone	Date of birth
		<input type="text"/>

Section E – Direct rollover of your re-employed benefit funds

You have the option to rollover all or some of your taxable "pre-tax" contributions and non-taxable "after-tax" contributions to another qualified pension plan, a qualified 401(a) plan (certain restrictions and limitations may apply), 403(a) plan, 457(b) deferred compensation plan, 403(b) tax-sheltered annuity, or to an IRA. There are restrictions on which plans can accept a rollover of the non-taxable "after-tax employee" contributions, so you should consult with the plan of your choice before making any elections for a direct rollover. Plans are also required to provide separate accounting for both the taxable and non-taxable portions of any rollovers that they accept. If you elect to rollover all or some of your eligible re-employed benefit funds, OP&F will make the check for the rollover amount payable to the qualified plan you select.

Please check here to rollover all or some of your re-employed contributions to the following qualified plan. **Please indicate the amount you wish to rollover** (if you wish to rollover all accruals, write "All Accruals"): \$_____.

Name of program or retirement plan	Your Account Number
Name of corresponding financial institution	<input type="text"/>
Street address / P.O. box	City, state, ZIP code

Section F — Member signature and acknowledgement

I, the member described in section A of this *Re-employed Retirement Benefit Application*, who, having been duly sworn, represent that I am the person herein described; it is my will and intent to apply for re-employed retirement benefit under Chapter 742 of the Ohio Revised Code; I understand that my benefits will not be processed until OP&F's receipt of this application and I have met all of the eligibility requirements; the statements made herein are true and correct; and, if applicable, I nominate the beneficiary shown in Section D, unless the required spousal consent is not obtained in Section H and, in such event, my selection will be subject to the terms of Section D.

Member's Signature



Date of Signature

Section G — Notary Public requirement for member's signature

The notary public in good standing, who witnessed the signature of the member in Section F, must sign in the space provided in this section and affix their seal.

State of Ohio, County of _____, ss:

The foregoing *Re-employed Retirement Benefit Application* was acknowledged before me by the member named in Section A, this _____ day of _____, 20_____.

Notary Public

Print Name

Affix Notary Seal here

My Commission Expires

Section H — Spousal consent for less than mandated plan of payment

I am the spouse of the OP&F member identified in Section A of the *Re-employed Retirement Application*. I understand that under Ohio law, I am entitled to receive a monthly annuity of at least 50 percent of the member's re-employed retirant benefit upon the death of the member. I also understand that the member's election under Section D that provides for less than a 50 percent JSA (i.e., a plan of payment selection that provides for a lump sum payment, a plan of payment that provides me with less than a 50 percent JSA, or a plan of payment that designates a beneficiary other than me under such plan of payment) will not be effective without my consent, which can only be evidenced by my execution of the consent in this form outlined in this Section.

If this Consent is signed, I confirm that I have done so as my free and voluntary act with the understanding that I am waiving my right to a 50% JSA. As a result, I understand that I will not receive the monies that are provided for me by law and, in some cases, may not receive any monies related to this benefit after the member's death. I also understand that such Consent is irrevocable once filed with OP&F, so I cannot change my mind at a later time.

Spouse's Signature



Date of Signature

Section I — Notary Public requirement for spousal signature

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

State of Ohio, County of _____, ss:

The foregoing *Re-employed Retirement Benefit Application* was acknowledged before me by the member and spouse named in the foregoing Section B, this _____ day of _____, 20_____.

Notary Public

Print Name

Affix Notary Seal here

My Commission Expires