



Ohio Police & Fire Pension Fund
 140 East Town Street
 Columbus, OH 43215
 Phone: 1-888-864-8363
 Fax: (614) 628-1777
www.op-f.org

ANNUITY PAYMENT PLAN SELECTION

Please complete this form and file it with the Ohio Police & Fire Pension Fund (OP&F) if you are an OP&F member who is applying for benefits, selecting an annuity plan upon entering DROP, or you are a member who is receiving interim benefits and wishes to change your annuity payment plan selection. It is important to remember that the instances when you can change an annuity payment plan are limited. While this form provides general information regarding OP&F's annuity plans, it cannot, and does not, address all exceptions and limitations that may be applicable. For more information on annuity payment plans, please see OP&F's *Member's Guide to Annuity Payment Plans* or contact OP&F Customer Service for assistance.

Choosing an annuity plan upon application for benefits

If you are married on the effective date of your benefits, Ohio law requires the written consent of your spouse for any annuity plan selection that provides for less than a 50 percent Joint and Survivor Annuity (JSA) payable to your spouse, unless there is a court order that requires you to designate a former spouse as a beneficiary. Otherwise, OP&F is required to process your benefits on the basis of a 50 percent JSA payable to your spouse.

Also, if you are a member who participated in the Deferred Retirement Option Plan (DROP) and selected a Joint and Survivor Annuity plan upon entry into DROP, you cannot re-select the annuity payment plan at retirement, unless you are under a court order to designate a former spouse as a beneficiary at the time of retirement.

Changing an annuity plan once receiving benefits

If you are receiving interim benefit payments from OP&F, you can use this form to change your annuity payment plan, provided you do so before negotiating the first adjusting or regular benefit payment that represents the final benefit amount payable to you, subject to certain restrictions. Once your benefits are finalized, you can cancel any optional plan that you may have selected (i.e., JSA) and have your benefits processed on the basis of a Single Life Annuity (SLA), subject to certain limitations, provided that the cancellation request is received no later than one year after your receipt of your first final benefit payment. After this first year, your annuity payment plan can only be changed in specific situations, which are outlined in OP&F's *Member's Guide to Annuity Payment Plans*.

Section A: Member information

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

Male Police
 Female Fire

Social Security Number

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Street Address / Post office box

Home telephone

Date of birth

City, State, ZIP code

Alternate telephone

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Email

Marital status Single Married Divorced Married, but previously divorced

If you have been divorced you must file copies of all decree(s) of divorce or dissolution or marriage with OP&F for proper designation of your beneficiary.

If married, spouse's name (first, middle initial, last)

Marriage date(s)

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Divorce date(s)

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Section B: Court ordered designations

Please note that Ohio law may prevent OP&F from processing your annuity payment plan selection 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.

Initial
here

By initialing this box, 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 payment plan for OP&F benefits.

Initial
here

By initialing this box, I **certify to OP&F that I am under a court order** to designate the following former spouse(s) as a beneficiary under an annuity payment plan for OP&F benefits. If you are under a court order to designate former spouse(s) as a beneficiary, please write their name(s) and Social Security number(s) below and provide a time-stamped copy of the court order, judgment entry or decree, if not previously submitted.

Name	Social Security number
Name	Social Security number
Name	Social Security number
Name	Social Security number

Section C: Annuity payment plan selection

On the following pages, choose from one of four annuity payment plans for your OP&F benefits by initialing the box next to your selection. **You may select only one annuity payment plan.**

Please be sure to attach copies of all required documentation and obtain spousal consent, if required.

Ohio law may prevent OP&F from processing your annuity payment plan selection if you are married and did not obtain the required spousal consent, or if you are under a court order to designate a former spouse as a beneficiary under an annuity payment plan and you did not do so.

The four annuity payment plans from which to choose are:

1: Single Life Annuity (SLA)	Under this plan, you receive the maximum monthly retirement allowance you are entitled to receive and, upon your death, none of your benefit is continued to any beneficiary (a surviving spouse is still eligible to receive a statutory survivor pension).
2: Joint and Survivor Annuity (JSA)	Under this plan, you receive a reduced monthly benefit during your life so that, upon your death, a certain percentage of your reduced monthly allowance is continued to your surviving designated beneficiary for life.
3: Life Annuity Certain and Continuous (LACC)	Under this plan, you designate a beneficiary to receive your reduced monthly allowance for a guaranteed period of 5-20 years. This plan provides a lifetime allowance to you and will only be paid to a designated beneficiary if you die and the period selected by you has not expired.
4: Multiple Beneficiary Annuity (MBA)	Under this plan, you may designate up to four beneficiaries to receive a certain percentage of your reduced lifetime monthly allowance upon your death for their lives. If you wish to choose this payment plan selection, DO NOT COMPLETE THIS FORM. Please contact OP&F for a separate Annuity Payment Plan Selection for Multiple Beneficiaries form.

Initial here to select this plan

Single Life Annuity

I hereby authorize OP&F to pay my benefits on the basis of a single life annuity payment plan, which provides for the highest monthly amount I am entitled to receive throughout my life and, upon my death, no annuity will continue to my spouse, if applicable, or to another beneficiary.

- **Spousal consent required:** If you are married on your effective date of retirement, Ohio law requires the consent of your spouse in the form provided in Section F for an annuity selection that provides for less than a 50 percent JSA payable to your spouse, unless there is a court order that requires you to designate a former spouse as a beneficiary. Otherwise, OP&F is required by law to process your selection based on a 50 percent JSA payable to your spouse.

Initial here to select this plan

Joint and Survivor Annuity

I hereby authorize OP&F to pay my benefits on the basis of the following joint and survivor annuity payment plan and agree to accept a reduced monthly allowance from OP&F so that my beneficiary listed below will be entitled to receive a lifetime monthly allowance equal to _____ percent of my reduced monthly allowance, payable upon my death.

- **Documentation required:** Copies of your birth certificate and your beneficiary's birth certificate. Also a copy of a marriage certificate if the beneficiary is your spouse.
- **Spousal consent required:** If you are married on your effective date of retirement, Ohio law requires the consent of your spouse in the form provided in Section F for an annuity selection that provides for less than a 50 percent JSA payable to your spouse, unless there is a court order that requires you to designate a former spouse as a beneficiary. Otherwise, OP&F is required by law to process your selection based on a 50 percent JSA payable to your spouse.

Provide the following beneficiary information: Is the beneficiary listed below your spouse? Yes No

Name: First, MI, Last, suffix (Jr. III, etc.)		Relationship	Social Security Number											
Street Address / Post office box			<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>											
City, State, ZIP code			Date of birth											
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Email	Home phone													

Initial here to select this plan

Life Annuity Certain and Continuous

I hereby authorize OP&F to pay my benefit that I am eligible to receive based on the following life annuity certain and continuous payment plan with a guaranteed period of _____ years. I understand that my designated beneficiary listed below will only be paid if I die before the expiration of the guaranteed period, which begins on the effective date of my retirement, and that my beneficiary will receive my reduced monthly allowance throughout the balance of this guaranteed period. If my designated beneficiary and I both die before the expiration of the guaranteed period, then the present value of such payments shall be paid to the estate of the person last receiving the allowance.

- **Documentation required:** A copy of your birth certificate.
- **Spousal consent required:** If you are married on your effective date of retirement, Ohio law requires the consent of your spouse in the form provided in Section F for an annuity selection that provides for less than a 50 percent JSA payable to your spouse, unless there is a court order that requires you to designate a former spouse as a beneficiary. Otherwise, OP&F is required by law to process your selection based on a 50 percent JSA payable to your spouse.

Provide information below about your spouse/beneficiary in the case of your death.

Name: First, MI, Last, suffix (Jr. III, etc.)		Relationship	Social Security Number											
Street Address / Post office box			<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>											
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Email	Home phone													

Multiple Beneficiary Annuity Plan

If you wish to select this plan, **do not complete this form**. Please contact OP&F for a separate *Annuity Payment Plan Selection for Multiple Beneficiaries* form.

Section D: Member signature and acknowledgement

I, the member described in Section A of this *Annuity Payment Plan Selection for OP&F Benefits*, who, having been duly sworn, represent that I am the person herein described, and I certify that all statements made herein are true and correct. I understand that my OP&F benefits will not be processed until OP&F receives this form and any other documentation required to process benefits. I understand that Ohio law may prevent OP&F from processing my annuity payment plan selection if I am married and did not provide the required spousal consent or if I am under a court order to designate a former spouse as a beneficiary under an annuity payment plan and did not do so.

I understand and agree that this annuity plan selection replaces any prior plan selection once received by OP&F and can only be changed in certain limited circumstances.

Member's Signature:

Date of signature:

Section E: 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 *Annuity Payment Plan Selection for OP&F Benefit* 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 annuity payment plan

I am the spouse of the OP&F member identified in Section A of the *Annuity Payment Plan Selection for OP&F Benefits*. I understand that under Ohio law, I am entitled to receive a monthly annuity of at least 50% of the member's lesser benefit 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 an annuity payment plan. If no such court order exists, I understand that the member's selection under Section C of this form that provides for less than 50 percent of the member's lesser benefit 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 annuity payment plan (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 annuity payment 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 percent Joint and Survivor Annuity, except as otherwise provided by law. I also understand that my consent is irrevocable once filed with OP&F, except as otherwise provided by law. The signing of this consent is my free and voluntary act.

Spouse's Signature:

Date of signature:

Section G: 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 *Annuity Payment Plan Selection for OP&F Benefit* was acknowledged before me by the member's spouse named in the foregoing Section F, this _____ day of _____, 20_____.

Affix Seal here

Notary's signature:

Print name:

My commission expires: