

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

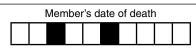
APPLICATION FOR \$1,000 LUMP SUM DEATH BENEFIT

Complete this form and file it with the Ohio Police & Fire Pension Fund (OP&F) to apply for the \$1,000 lump sum death benefit that is payable in the event of the death of a retired OP&F member, provided that the member did not have a surviving spouse at the time of death. In the event of the member's death, the surviving spouse is entitled to receive the full balance of the lump sum death benefit. If the member did not have a surviving spouse, the benefit will be payable to the member's designated beneficiary. If the member did not have a designated beneficiary, the benefit will be paid to the member's estate.

Section A: Member (decedent) information

Member's name: First, MI, Last, suffix (Jr. III, etc.)

Member's Social Security number



Section B: Beneficiary or estate information

Complete this section to provide beneficiary information for the \$1,000 lump sum death benefit. You may only apply for the benefit if the retired OP&F member did not have a surviving spouse at the time of death, and you are the designated beneficiary; or you represent the member's estate, if the member did not have a beneficiary. If you are the trustee of a trust that was designated as beneficiary, be sure to submit a copy of the trust instrument with this form.

Person or Trust (If a person , provide full name; If a trust , provide full name of trust)		Social Security number or Tax ID number
Street Address / Post office box		
City, State, ZIP code		Date of birth (if person)
Primary phone	Alternate phone	Email address
Section C: Signature and ack	knowledgement	
cation for \$1,000 Lump Sum Death Ber and intent to apply for the \$1,000 lump s	nefit, who, having been duly sworn, represen	eased member described in Section A of this <i>Appli</i> - nt that I am the person herein described; it is my will F has the right to recover the \$1,000 lump sum death ments included herein are true and correct.
Applicant's signature:		Date of signature:
Section D: Notary public requ	uirement for member signature	
The notary public in good standing m State of	ust sign in the space provided in this sec , County of	ction and affix their seal. , ss:

The foregoing *Application for \$1,000 Lump Sum Death Benefit* was acknowledged before me by the beneficiary named in the foregoing Section B, this ______ day of ______, 20_____.

Affix Seal here	Notary's signature:
	Print name:
	My commission expires: