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

Member's date of death

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

Date of birth (if person)

City, State, ZIP code

Primary phone

Alternate phone

Email address

Section C: Signature and acknowledgement

I represent that I am the designated beneficiary, or estate representative of the deceased member described in Section A of this *Application for $1,000 Lump Sum Death Benefit*, who, having been duly sworn, represent that I am the person herein described; it is my will and intent to apply for the $1,000 lump sum death benefit; I acknowledge that OP&F has the right to recover the $1,000 lump sum death benefit if the member had a surviving spouse at the time of death; and that all statements included herein are true and correct.

Applicant's signature: ▶

Date of signature:

Section D: Notary public requirement for member 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 *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:

Copyright © by the Ohio Police & Fire Pension Fund, All Rights Reserved