

## APPLICATION FOR SINGLE LIFE ANNUITY PAYMENT PLAN UPON THE TERMINATION OF MARRIAGE OR DEATH OF DESIGNATED BENEFICIARY

Please complete this form and file it with the Ohio Police & Fire Pension Fund (OP&F) to change your Joint and Survivor Annuity (JSA) Payment Plan to a Single Life Annuity (SLA) payment plan upon the termination of marriage or death of your designated beneficiary. By changing your plan of payment to an SLA, your monthly benefit will be increased to its maximum amount. You are not entitled to the retroactive difference between the reduced amount and the maximum amount. For termination of marriage, the effective date of the change of your monthly benefit will be the first day of the month following the month in which this form and any necessary supporting documentation are received by OP&F. For the death of the designated beneficiary, the effective date of the change of your monthly benefit will be the first day of the month following receipt by OP&F of the notice of death, subject to certain limitations.

### Single Life Annuity Plan

Under this plan, you receive the maximum monthly benefit you are entitled to receive, and upon your death, none of your benefit is continued to any beneficiary. Although there is no continuation of your benefits upon your death under an SLA, a surviving spouse, eligible child or dependent parent, in the absence of any surviving spouse or child, may be eligible to receive a monthly statutory survivor pension or other survivor benefit from OP&F.

### Termination of marriage

On divorce, dissolution of marriage or annulment, you can cancel the designation of your spouse as your beneficiary under a JSA, but he or she must consent in writing to the cancellation on this form or the court must issue an order that specifically cancels the JSA plan and your spouse's designation as beneficiary. If you were to marry again after you change your plan of payment to an SLA, you are then permitted to select a JSA within one year of marriage that designates your new spouse as your beneficiary.

### Death of beneficiary

If your designated beneficiary dies before you, OP&F will cancel your JSA beneficiary designation upon notification of death to OP&F, as long as you provide OP&F with appropriate documentation of your beneficiary's death within 90 days. If you do not provide documentation within 90 days, OP&F will reinstate your original JSA beneficiary designation until OP&F receives the appropriate documentation.

If you have any questions, please refer to Members' Guide to Annuity Payment Plans, Members' Guide to Survivor Benefits, or contact OP&F Customer Service for assistance.

### Section A: Member information

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

Street Address / Post office box

Home telephone

City, State, ZIP code

Alternate telephone:

Social Security Number

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Date of birth

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### Section B: Reason for annuity payment plan change

Please indicate the reason for your request to change your annuity payment plan below.

**Termination of marriage to beneficiary**, effective on \_\_\_/\_\_\_/\_\_\_\_\_, by virtue of:

Divorce       Dissolution       Annulment

You must attach a copy of the court entry/decreed terminating your marital relationship with your spouse and provide either his or her consent in Section E of this form or a court entry/decreed that cancels the JSA plan.

**Death of beneficiary**, occurred on \_\_\_/\_\_\_/\_\_\_\_\_

You must attach a copy of your beneficiary's death certificate to this form.

## Section C: Signature and acknowledgement

I, the member described in Section A of this *Application for Single Life Annuity Payment Plan* form, who, having been duly sworn, represent that I am the person herein described; it is my will and intent to cancel my Joint and Survivor Annuity plan of payment plan (or its equivalent), to rescind my designated beneficiary due to the termination of marriage or my beneficiary's death, and to apply for a Single Life Annuity plan of payment; and I certify that all statements included herein are true and correct.

**For Death of Beneficiary:** I understand and agree that the effective date of the change of my monthly benefit will be the first day of the month following receipt of the notice of death by OP&F, and that I am not entitled to the retroactive difference between the reduced amount and maximum amount of my benefit. I further understand that if I do not provide OP&F with supporting documentation of the death of my designated beneficiary within 90 days, OP&F will reinstate my Joint and Survivor Annuity payment plan with my designated beneficiary and seek recovery of the overpaid benefits.

**For Termination of Marriage:** I understand and agree that the effective date of the change of my monthly benefit will be the first day of the month following the month in which this form and any necessary documentation are received by OP&F. I also understand that Ohio law may prevent OP&F from processing my application if I do not provide the consent of my former spouse and required court documentation, and that I am not entitled to the retroactive difference between the reduced amount and the maximum amount of my benefit.


Member's Signature: 	Date of signature:
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## Section D: 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 *Application for Single Life Annuity Payment Plan* 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 E: Consent to cancel Joint and Survivor Annuity

I am the former spouse and designated beneficiary of the OP&F member identified in Section A of this *Application for Single Life Annuity Payment Plan* form; I consent to the cancellation of the Joint and Survivor Annuity payment plan; and I understand that upon the death of the member identified in Section A, I will be entitled to no monthly annuity or other benefits from OP&F. I agree that the member 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. I also understand that my consent is irrevocable once filed with OP&F. The signing of this consent is my free and voluntary act.


Former Spouse (please print legibly)	Former spouse's Social Security Number <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																				
Former Spouse's Signature: 	Date of signature:																				

## Section F: 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 Section E of the *Application for Single Life Annuity Payment Plan* was acknowledged before me by the member's former spouse named in the foregoing Section E, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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