

CHANGE OF ADDRESS FORM

Use this form to change your address on file with the Ohio Police and Fire Pension Fund (OP&F). Your address can also be updated online by using the Member Self Serve Web at www.op-f.org.

If you are receiving your pension benefit or division of property order (DPO) payment by mail, OP&F must receive and process your change of address by the 15th of the month in order for the following month's pension or DPO payment to be sent to your new address. If you are a guardian or power of attorney for an OP&F member, please ensure that OP&F has a copy of the appropriate documents on file. Changes can only be made after review and approval of these documents.

OP&F mailings are not forwarded. To continue to receive mailings from OP&F, a completed Change of Address must be submitted for all address changes.

Please note that if you are moving out of state, OP&F does not automatically stop the Ohio state withholding. Members must submit a request, in writing, to stop Ohio tax withholding from their OP&F benefits.

Send your completed form to: **Ohio Police & Fire Pension Fund,
140 East Town Street, Columbus, Ohio 43215-5164**

You may also fax your completed form to: **(614) 628-1777**

Section A: Member information

Name: First, MI, Last, suffix (Jr. III, etc.)		<input type="checkbox"/> Police officer	<input type="checkbox"/> Male	Social Security number <table border="1" style="width: 100%; text-align: center;"> <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></tr> </table>													
Street Address / Post office box		<input type="checkbox"/> Firefighter	<input type="checkbox"/> Female														
City, State, ZIP code				Date of Birth <table border="1" style="width: 100%; text-align: center;"> <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></tr> </table>													
Home phone	<input type="checkbox"/> New	Alternate phone	<input type="checkbox"/> New	Email address	<input type="checkbox"/> New												

Yes No Is this a temporary address? (Start date: _____ /stop date: _____)

Please check all that apply to you:

- Active member (Employer name: _____)
- Retired member
- Survivor benefit recipient
- Deferred Retirement Option Plan (DROP) participant
- Re-employed retiree in public sector
- Alternate payee / Division of Property Order (DPO) (OP&F member's name: _____)
- Former member

Section B: Member signature and acknowledgement

By my signature, I authorize OP&F to change my address.

Member's signature: 	Date of signature:
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