

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

## PRE-RETIREMENT SURVIVOR ANNUITY APPLICATION

If an active member of the Ohio Police & Fire Pension Fund (OP&F) has not retired, but is eligible to retire and receive a pension or benefit at the time of their death, their surviving spouse or contingent dependent beneficiary is entitled to receive an annual retirement allowance. Please see OP&F's Members' Guide to Survivor Benefits for details.

An active member may designate a contingent dependent beneficiary prior to their death. However, the beneficiary is not entitled to a benefit if the member is survived by his or her spouse.

Section A: Member/Decedent information	
Name: First, MI, Last, suffix (Jr. III, etc.)	
Name. First, Wil, Last, Sullix (df. III, etc.)	Member's Social Security Number
Former profession:	
	Fighter Date of Death
Former employer (city or township):	
Section B: Applicant information	
Please check one:	
☐ Spouse ☐ Continger	t Dependent Beneficiary Social Security Number
Name: First, MI, Last, suffix (Jr. III, etc.)	
Date of Birth	
Street Address / Post office box	
City, State, ZIP code	Phone:
Date of either (check one):	
Marriage, or	
Appointment of Guardian	
(attach a copy of Guardianship Award or Divorce Decree granting child custody)	
Section C: Signature and acknowledgement	
I, the person described in Section B of this Pre-Retirement Survivor Annuity Application, who, having been duly sworn, represent that I am the person herein described and it is my will and intent to apply for the survivor annuity payable under Section 742.3714	
of the Ohio Revised Code; and that statements made herein and	
Signature:	Date of signature:
	Bute of orginature.
Section D: Notary public requirement for 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 Pre-Retirement Survivor Annuity Application was a	cknowledged before me by the person named in the foregoing
Section B, this day of	
Affix Seal here	Notary's signature:
	Print name:
	My commission expires: