



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

VERIFICATION OF INCOME REQUEST

If you would like to receive a verification of the income you receive in benefits from the Ohio Police & Fire Pension Fund (OP&F), please complete the information below and submit in one of the following methods:

- Email to questions@op-f.org
- Fax to 614-628-1777, or
- Mail to OP&F Customer Service at the address listed at the top of this form

For security purposes OP&F can only send via U.S. mail to the member's address already on file. OP&F can only fax or email to third parties with a notarized request.

Section A: Member information

Name: First, MI, Last, suffix (Jr. III, etc.)			Member's Social Security number <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>												
Street Address / Post office box															
City, State, ZIP code															
Phone	Fax number	Email address													

Section B: Signature and acknowledgement

I authorize and request a verification of income from OP&F benefits to be mailed to the address on file with OP&F.

Member or Payee's signature: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	Date of signature:
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