



Ohio Public Employees Retirement System

277 East Town Street, Columbus, Ohio 43215-4642

1-800-222-PERS (7377) www.opers.org



Change Request Address Name Bank

Please check the change(s) you are requesting. Complete, **sign on page 2** and return the form to OPERS at the address above. Include any required supporting documentation. Print in ink or type the requested information below.

Section 1 - Personal Information and Address Change - Also complete Section 4 on page 2 to authorize any changes.

Social Security Number

(If you are receiving a benefit from a deceased member's account, use that member's Social Security number.)

Date Of Birth

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Work Phone Number

Home Phone Number

E-mail Address

Name as it currently appears on your OPERS account:

First Name

MI Last Name

Indicate the plan(s) to which you want the change(s) applied. If you do not make a selection, the change(s) will be made to all plans in which you participate.

- All plans
 Traditional Pension Plan
 Member-Directed Plan
 Combined Plan
 Money Purchase Plan
 Additional Annuity Plan

NEW STREET OR MAILING ADDRESS

Apt. Number

City

State

ZIP Code

Province

Country

Postal Code

Section 2 - Name Change - Complete this Section to change your name. An individual may change his or her name only upon providing OPERS with a complete copy of one of the following documents indicating the new name: a marriage certificate, a divorce or dissolution decree (including any separation agreement) that restores the individual to a prior name, an entry of change of name issued by a probate court in Ohio or another state, or a copy of a Social Security card. The form must be signed as your name appears before changes will be made. Please do not send originals.

Complete Section 4 on page 2 to authorize the change.

NEW NAME: First Name

MI Last Name

See next page to make a bank change and authorize changes.

