



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.

OPERS ID

-OR-

Member's Social Security Number

Benefit Recipient's Social Security Number

(Complete if you are receiving a benefit from a deceased member's account)

Date Of Birth

Month Day

Year

Work Phone Number

Home Phone Number

E-mail Address

Name as it currently appears on your OPERS account:

First Name

MI

Last Name

Indicate if you would like the change(s) applied to all account(s) to which you receive a benefit. If you do not make a selection the changes will be made to all accounts in which you receive a benefit.

Yes No

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

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

