## 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-Benefit Recipient's Social Security Number (Complete if you are receiving a benefit from a deceased Member's Social Security Number member's account) Date Of Birth Home Phone Number Work Phone Number Month Day Year 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
	Money Purchase Plan	Additional Annuity Plan
NEW STREET OR M	AILING ADDRESS	

NEW STREET OR	MAILING	G ADDR	ESS				Apt. Number
City					State	ZIP Code	
							-
Province					Country	Postal Code	

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

**Combined Plan** 

**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 to authorize the change.

First Nam					MI	Las	me							

**Section 3 - Bank Change -** If you are a recipient receiving a monthly benefit from OPERS, complete this Section to change your banking information and sign below to authorize the change. Attach a voided check or deposit slip.

Direct deposit is not available for members who reside outside the United States. If you live outside the U.S. and you complete this Section, your monthly payment will be sent as a paper check to the bank address listed below.

Bank Name								
Bank Address								
City			State	ZIP Code				
					-			
Province			Country Postal Code					
Type of Account:	Bank Routing Number	Account Number						
Checking Savings								
	Note: A valid routing number will be only with a 0, 1, 2 or 3.	egin						

**Section 4 - Signature** - I hereby request that the change(s) noted on this form be made to my OPERS account.

Your signature for the name as it now appears on your OPERS account.

Today's	date	
Month	Day	Year

Do not print or type