# Ohio Public Employees Retirement System

277 East Town Street, Columbus, Ohio 43215-4642
1-800-222-PERS (7377) www.opers.org

## Address/Bank/Name Change Request

*Please complete, sign, 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

**Social Security Number** | **Date Of Birth** Month Day Year | **Daytime Phone Number**

**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

## Section 2 - Address Change - *Complete this Section to change your home address and sign below to authorize the change. You also may change your address by accessing the Member Benefits System online at www.opers.org or by calling OPERS at 1-800-222-7377.*

**NEW ADDRESS: Street or Mailing Address** | **Apt. Number**

**City** | **State** | **ZIP Code** -

## 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.*

**Bank Name**

**Bank Address**

**City** | **State** | **ZIP Code** -

**Type of Account** ☐ Checking ☐ Savings

**Bank Routing Number**

***Note: A valid routing number will begin only with a 0, 1, 2 or 3.***

**Account Number**

## Section 4 - Name Change - *Complete this Section to change your name. An individual may change his or her name only upon providing OPERS with a 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.*

**NEW NAME: First Name** | **MI** | **Last Name**

## Section 5 - 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

Do not print or type

**Month** **Day** **Year**

**Today's date**