



APPLICATION FOR A TRANSFER TO AN ALTERNATIVE RETIREMENT PLAN (ARP)

Ohio Public Employees Retirement System
277 East Town Street, Columbus, Ohio 43215-4642

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



STEP 1: Member Personal Information

Social Security Number

-OR-

OPERS ID

First Name

MI

Last Name

Date of Birth

Address

City

State

ZIP Code

Home Phone Number

Work Phone Number

Cell Phone Number

E-mail Address

STEP 2: Alternative Retirement Plan Administrator Information

Alternative Retirement Plan Administrator Name

Account Number

STEP 3: Participants in Multiple OPERS Retirement Plans

I choose to transfer my account(s) and any additional deposits in the following plans to the ARP vendor indicated in Step 2 of this form.

- Transfer my contributions in all plans to the ARP vendor.
- Traditional Pension Plan
- Member-Directed Plan
- Combined Plan

STEP 4: Acknowledgement

State of _____, County of _____.

I am applying for a transfer of my account to my Alternative Retirement Plan.

I am **currently** employed in an **ARP-eligible** position with:

I am not currently employed in any other OPERS-covered position.

I acknowledge that OPERS will transfer my account(s), as described below and which may include any voluntary contributions, to my Alternative Retirement Plan administrator as described below.

- **Traditional Pension Plan** – My employee contributions and allowable interest will be transferred to the ARP.
- **Member-Directed Plan** – My individual account, including any vested employer contributions, will be transferred to the ARP.
- **Combined Plan** – My employee contributions and any monies used to purchase service credit will be transferred to the ARP.

If I am a re-employed retiree, I understand that, if I am under the age of 65 at the time of transfer, my contributions and allowable interest will be transferred to my ARP administrator. If I am a re-employed retiree over the age of 65 at the time of transfer, my contributions, allowable interest, and an additional matching amount will be transferred to my ARP administrator.

Being duly sworn, I, the undersigned, state that the information provided in this Application is complete and true to the best of my knowledge and belief.

Contributor
Signature _____ Today's Date ____/____/____
Do not print or type name

Sworn and subscribed to me this _____ day of _____, 20 _____

Notary
Public _____ My commission expires ____/____/____
Do not print or type name

OR

Payroll Officer
Verification _____ Today's Date ____/____/____
Do not print or type name

STEP 5: ARP Employer Certification

Is the above applicant currently employed? Yes No

If "no," provide date of termination. / /

Signature of Payroll Officer _____ Today's Date ____/____/____
Do not print or type name

Payroll Officer Name

Department

Employer Code
 —

Payroll Officer Phone Number
 — —

