Service Retirement Application

For Members Enrolled in the Combined Plan (defined contribution portion)

State Teachers Retirement System of Ohio
This application is to be used when applying for the **defined contribution portion** of your Combined Plan. To request an application for the **defined benefit portion** of the Combined Plan, call toll-free 888-227-7877.

**You qualify to apply for a monthly benefit only if the benefit is at least $100 monthly.** If your benefit currently calculates to less, you have several options, including rolling over your account to another qualified plan.

This application must be submitted and processed before your retirement becomes effective. Please carefully read the instructions for completing this application and properly complete all sections pertaining to you. You may access any of the following resources for additional information:

- Make an appointment for an individual counseling session. (This is strongly encouraged before submitting your application.) An STRS Ohio benefits counselor can provide benefit estimates and discuss payment options with you.

- Review the following brochures: *Preparing for Retirement* and *Service Retirement and Plans of Payment*. (Available at www.strsoh.org in the Publications section under Resources.)

- Call STRS Ohio’s Member Services Center toll-free at 888-227-7877.

STRS Ohio is ready to assist you to ensure a smooth transition from your teaching career into retirement.
INSTRUCTIONS FOR COMPLETING THE SERVICE RETIREMENT APPLICATION

Submitting your application

Your retirement application should be submitted to STRS Ohio at least three months, but no more than 12 months, before the date your retirement becomes effective. If you submit this application at least 30 days before your effective date of retirement and have provided complete information, we will issue you a payment on your effective date of retirement. If exact service and salary information is not available on your effective date of retirement, you will receive “partial payments” each month until your regular benefit amount is finalized. (Most retirees receive at least three partial payments.)

Funds to be annuitized will be based on the net asset value of the investment choices you made as of the day your application is ready to be processed for payment.

Instructions for completing each section of this application appear on left-hand pages, and the sections to be completed are on the right. Please do not detach the pages.

Terminating employment

You must terminate employment from all STRS Ohio employers to be eligible to retire and begin receiving benefits. Service retirement may become effective the first of the month following the latter of:

• Your last day of teaching with your employer;
• Attainment of age 50;
• Official certification with STRS Ohio of any military service to be included in your retirement benefit (see "Making additional contributions for service" below); or
• First of the month following the date you submit your application (you cannot file for a retroactive effective date of retirement).

Reemployment restrictions

During the first two months of retirement, you will lose your Single Life Annuity benefit amount (regardless of the plan of payment chosen) for any month in which you work for a new Ohio public employer or return to your highest paying employer — including substitute teaching. However, you may continue working for an STRS Ohio, OPERS or SERS secondary employer.* After two months, you may work in any public position in Ohio as long as contributions for that employment are made to the appropriate retirement system.

You cannot continue in the same position held at the time of retirement as a volunteer during the first two months of retirement. If you continue in the same position as a volunteer, you will be in violation of the two-month waiting period and will forfeit monthly benefits for any month in which you are in violation. Volunteering means you will never be paid for the services rendered during the volunteer period. Deferring payment until later will not eliminate the violation.

More information about reemployment will be mailed to you before your effective date of retirement. Please review this material carefully. Ohio law may require public notice if you are returning to a position with your former employer. Please contact your employer for details.

* A secondary employer is defined as any STRS Ohio, OPERS or SERS employer where you earned less compensation than you earned with your highest paying employer and you are continuing employment in that position with that employer immediately after retirement. To be considered a secondary employer, you must work and earn wages with a secondary employer for each of the 12 months before retirement and in the month of retirement to be considered secondary employment. You must declare all continuing employment with a secondary employer on Page 3.

Making additional contributions for service

If you have not received a benefit from the defined benefit portion of your Combined Plan, you may be eligible to make additional contributions to STRS Ohio for a leave of absence or if military service interrupted your teaching service. Contact us if you have service you are interested in purchasing. All purchases must be certified and approved for purchase by STRS Ohio before your effective date of retirement. Purchases must be paid in full no later than three months after your effective date of retirement.

CHECKLIST FOR COMPLETING THE SERVICE RETIREMENT APPLICATION

Please do not use correction fluid or tape on this application. If you need to change information, please put a line through the incorrect information and initial next to the corrected information.

✔ Read this application completely and all brochures received with it.
✔ Determine your effective date of retirement — see Page 2 for details.
✔ Be sure to complete all sections that apply to you.
✔ Have your spouse sign the Spousal Consent section on Page 9 if required. This section must also be notarized.
✔ The entire application must be returned to STRS Ohio — including sections not applicable to you.
✔ Submit your completed Service Retirement Application at least three months, but no more than 12 months, before your effective date of retirement.

Items you’ll need . . .

✔ Names, Social Security numbers, birth dates and addresses of beneficiaries.
✔ Spouse's birth date and Social Security number.
✔ Bank name, address and routing number or voided check for direct deposit.
SECTION 1 — PERSONAL INFORMATION INSTRUCTIONS
(Use these instructions to help fill out the information to the right.)

1. Enter your personal information. Enter your name as it appears on your Social Security card. If you have a new address, please give us the date the new address became effective.

2. Complete the marital status questions based on your marital status as of the effective date of retirement you list on this application. If you have ever been divorced, you must answer the question about leaving a continuing monthly benefit to your former spouse after your death. Your divorce decree may also require you to leave a portion of your benefit to a former spouse while you are receiving a monthly benefit through a Division of Property Order (DOPO). A DOPO is filed through the court and is separate from naming a beneficiary on this Service Retirement Application.

3. Your effective date of retirement is the date your benefits begin, not your last day of employment. The effective date of retirement is ALWAYS on the first of the month. Specifically, it is the first day of the month following the latter of:
   - Your last day of teaching or other public service
     Example: If your last day of service is June 5, 2020, then your effective date of retirement would be July 1, 2020.
   - Attainment of age 50
     Example: If your 50th birthday is Oct. 15, 2020, then your effective date of retirement would be Nov. 1, 2020.
   - Official certification with STRS Ohio of all purchasable service to be included in your retirement benefit, assuming the service is purchased no later than three months following your effective date of retirement
     Example: If the date your service is officially certified and a cost statement is issued on Dec. 18, 2020, then your effective date of retirement is Jan. 1, 2021.

4. List all public employers during your last year of teaching and indicate if you are continuing employment within the first two months of retirement with each employer. If you are continuing employment with your highest paying employer after retirement, you must have a break in service between the last day of work as an active member and the first day of reemployment on or after your effective date of retirement. The one-day break must be a normal workday and cannot be a Saturday, Sunday or holiday. For example, a member cannot retire from his or her current position on Friday, May 29, 2020, and return to public employment on Monday, June 1, 2020. This section must be completed accurately to ensure correct information is obtained from each employer. More information about reemployment will be mailed to you before your effective date of retirement.
### SECTION 1 — PERSONAL INFORMATION (Please print in ink. See instructions on Page 2.)

<table>
<thead>
<tr>
<th>Name</th>
<th>Member’s Social Security no. or STRS Ohio account no.</th>
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**Mailing address**

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<thead>
<tr>
<th>Street address</th>
<th>City</th>
<th>State</th>
<th>ZIP (+ four)</th>
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**Address effective date (if new)**

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**Birth date**

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<tr>
<th>Home phone ( )</th>
<th>Work phone ( )</th>
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<tr>
<td>Area code</td>
<td>Area code</td>
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**Email address**

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<th>Cell phone ( )</th>
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<tr>
<td>Area code</td>
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### MARITAL STATUS

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<tr>
<th>Are you married?</th>
<th>Yes</th>
<th>No</th>
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**Have you ever been divorced?**

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<th>Yes</th>
<th>No</th>
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If yes, does your Decree of Divorce, Property Settlement Agreement or other court order require you to leave a continuing monthly benefit to a former spouse or spouses after your death?

<table>
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<th>Yes</th>
<th>No</th>
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If yes, include a copy of your Decree of Divorce including details of the property settlement and name your former spouse as a Joint and Survivor Annuity beneficiary in Section 3 or Section 4 of this application. A Division of Property Order (DOPO) does not address benefits paid after your death.

### EMPLOYMENT INFORMATION

**My effective date of retirement is the first day of:**

<table>
<thead>
<tr>
<th>Employer’s name</th>
<th>County</th>
<th>Last day of work before retirement (If applicable)</th>
<th>Do you plan to work with this employer within the first two months of retirement?</th>
<th>If yes, first date of service after retirement (See “Reemployment restrictions” on Page 1)</th>
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Do you want to make contributions on a leave of absence or military service that interrupted your STRS Ohio service?

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<thead>
<tr>
<th>Yes</th>
<th>No</th>
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Do you need a current cost statement for purchasing this service?

<table>
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<tr>
<th>Yes</th>
<th>No</th>
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Do you plan to roll over tax-deferred funds to STRS Ohio to buy service credit?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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**Below, please indicate your plans for the defined benefit portion of your account:**

- [ ] Apply for a monthly benefit now. (A separate application must be completed and is available at www.strsoh.org or by calling STRS Ohio toll-free at 888-227-7877.)
- [ ] Apply for a monthly benefit for the defined benefit portion of the account at age 60. (A separate application must be completed — please call STRS Ohio toll-free at 888-227-7877 for an application three to six months before reaching age 60.)
SECTION 2 — PLAN OF PAYMENT SELECTION INSTRUCTIONS
(Use these instructions to help fill out the information to the right.)

Please read the Service Retirement and Plans of Payment brochure before making your plan selection. A plan of payment must be selected before a benefit can be paid. **Choose only one.**

I. SINGLE LIFE ANNUITY

The Single Life Annuity plan provides maximum monthly benefits for your lifetime. This plan does not provide any payment to a survivor upon your death. Upon electing a Single Life Annuity, your defined contribution account balance is converted to a lifetime annuity. There is no refundable amount or payment if the total annuity payments are less than the converted defined contribution account balance.

II. JOINT AND SURVIVOR ANNUITY

The Joint and Survivor Annuity plan of payment provides lifetime monthly income to you. At your death, the benefit continues at the selected amount for the lifetime of the primary beneficiary. Because income protection for the survivor is provided, your monthly benefit is less than that available under a Single Life Annuity.

If Option 1(C) or 2(C) is selected, the number of guaranteed years must be written in the space provided.
If Option 3(A) or 3(B) is selected, a dollar amount or fraction must be written in the space provided. ($50 per month is the minimum monthly benefit that may be designated.)
If Option 4 is selected, go to Page 7 and provide information for two, three or four beneficiaries and the percentage, fraction or whole dollar amount for each.

III. ANNUITY CERTAIN

The Annuity Certain plan of payment provides lifetime monthly income to you. If you die before the specified number of years have passed, the same benefit amount continues to your primary beneficiary for the years remaining in the original guaranteed period. Because income protection is guaranteed for a minimum number of years, your monthly benefit is less than that available under a Single Life Annuity.

If this plan is selected, the number of guaranteed years must be written in the space provided.

SECTION 3 — BENEFICIARY DESIGNATION FOR MONTHLY BENEFIT PAYMENTS INSTRUCTIONS
(Use these instructions to help fill out the information to the right.)

1. “Primary beneficiary,” as used in this application, is the person who will receive any remaining benefits from the retirement account following the death of the retiree. The selected plan of payment determines what benefits, if any, the beneficiary is eligible to receive. The beneficiary’s date of birth is required.

2. **If a plan of payment from Plan II — Joint and Survivor Annuity is selected, only one primary beneficiary may be named unless you select Option 4.** If you select Option 4 — Multiple Primary Beneficiaries, do not complete Section 3. You must complete Section 4 on Page 7 to designate beneficiaries.

3. If Option 1(B) or 1(C) or Option 2(B) or 2(C) is selected, the secondary beneficiary is the person to whom payment would continue for the balance of the guaranteed period if both the retiree and the primary beneficiary die before the guaranteed period ends. If you name more than one secondary beneficiary, they would share in a lump-sum distribution of the present value of any remaining payments.

4. If you choose the Annuity Certain plan of payment and name more than one primary beneficiary, a lump-sum payment representing the present value of the remaining payments is divided equally and paid to the beneficiaries.

5. If you chose the Annuity Certain plan of payment and your beneficiary is an inter vivos trust, or if you chose Option 1(B) or 1(C) or Option 2(B) or 2(C) and your secondary beneficiary is an inter vivos trust, provide the trust number and date of the trust agreement. Attach photocopies of the first and last page of the trust document. Any payment to a trust will be a lump-sum distribution of the present value of any remaining payments. Monthly payments cannot be paid to a trust.

6. If you are required by a court order to provide a continuing monthly benefit after your death to a former spouse or spouses, you must include a copy of the court orders.
SECTION 2 — PLAN OF PAYMENT SELECTION

(See instructions on Page 4.)

One of the following plans must be selected before a benefit can be paid:

I. SINGLE LIFE ANNUITY

☐ Single Life Annuity provides the largest monthly income for you, but provides no continuing benefit to a survivor.

II. JOINT AND SURVIVOR ANNUITY (Choose one option below.)

☐ 1(A) Same to beneficiary with reversion.
☐ 1(B) Minimum-year guarantee (without reduction). Same to beneficiary without reversion.
☐ 1(C) ______________________ year guarantee. Same to beneficiary without reversion.

☐ 2(A) One-half to beneficiary with reversion.
☐ 2(B) Minimum-year guarantee (without reduction). One-half to beneficiary without reversion.
☐ 2(C) ______________________ year guarantee. One-half to beneficiary without reversion.

☐ 3(A) ______________________ to beneficiary with reversion.

☐ 3(B) ______________________ to beneficiary without reversion.

☐ 4 Multiple Primary Beneficiaries (See separate beneficiary designation on Page 7 and indicate percentage, fraction or whole dollar amount for each beneficiary.)

III. ANNUITY CERTAIN (Cannot change)

☐ For a guaranteed number of ____________ years and continuous for my lifetime.

Payment of monthly benefits or a lump-sum payment to any survivor under the Single Life Annuity, Joint and Survivor Annuity, or Annuity Certain plans of payment does not guarantee that survivors will have access to or be permitted to participate in the STRS Ohio Health Care Program.

SECTION 3 — BENEFICIARY DESIGNATION FOR MONTHLY BENEFIT PAYMENTS

(See instructions on Page 4.)

For a Joint and Survivor Annuity, Options 1, 2 or 3; or an Annuity Certain, designate beneficiary below. (Use complete names and not initials.) If you selected a Joint and Survivor Annuity, Option 4 — Multiple Primary Beneficiaries, do not complete this section. Proceed to Section 4 on Pages 6 and 7 to designate beneficiaries.

Primary beneficiary

First Middle Last Birth date Relationship

Social Security no. Address

Required Street address City State ZIP code

Secondary beneficiary (required for Options 1(B), 1(C), 2(B) and 2(C))

First Middle Last Birth date Relationship

Social Security no. Address

Required Street address City State ZIP code

If you select “Annuity Certain” as your plan of payment, more than one primary beneficiary may be named. If you name more than one primary or secondary beneficiary, each full name must be connected with the word “and.” Please clearly indicate if the beneficiaries listed are primary or secondary. Attach an additional page if necessary. Only use Page 7 to indicate primary beneficiaries if you selected an Option 4, Joint and Survivor Annuity plan of payment.
SECTION 4 — MULTIPLE PRIMARY BENEFICIARIES

(Use these instructions to help fill out the information to the right.)

You may choose a plan of payment that provides continuing lifetime benefits for up to four beneficiaries. If you selected a Joint and Survivor Annuity, Option 4 — Multiple Primary Beneficiaries, you must complete this section to designate your beneficiaries for your benefit payments.

If you are required by a court order to provide a continuing monthly benefit after your death to a former spouse or spouses, you must include a copy of the court orders.

You may not select multiple primary beneficiaries if you selected a plan other than a Joint and Survivor Annuity, Option 4 — Multiple Primary Beneficiaries, on Page 5.

Complete this section only if you selected a Joint and Survivor Annuity, Option 4 — Multiple Primary Beneficiaries. If you selected any other plan of payment, you must complete Section 3 on Page 5 to designate your beneficiary.

Please indicate percentage, fraction or whole dollar amount for each beneficiary. The amount cannot be less than 10% of your benefit unless a court order requires less than 10%.
**SECTION 4 — MULTIPLE PRIMARY BENEFICIARIES** *(See instructions on Page 6.)*

Only complete this section if you selected a Joint and Survivor Annuity, Option 4 on Page 5 of this application. For this option, you must name two, three or four primary beneficiaries. Please carefully review the instructions on Page 6 before completing the appropriate beneficiary designation(s) below:

**PRIMARY BENEFICIARIES** *(Use complete names and not initials.)*

1. Name
   - **Court order?**
   - **Yes**
   - **No**
   - First
   - Middle
   - Last
   - Address
   - Street address
   - City
   - State
   - ZIP code
   - Social Security no.
   - Birth date
   - Required
   - Relationship
   - Percentage, fraction or whole dollar amount

2. Name
   - **Court order?**
   - **Yes**
   - **No**
   - First
   - Middle
   - Last
   - Address
   - Street address
   - City
   - State
   - ZIP code
   - Social Security no.
   - Birth date
   - Required
   - Relationship
   - Percentage, fraction or whole dollar amount

3. Name
   - **Court order?**
   - **Yes**
   - **No**
   - First
   - Middle
   - Last
   - Address
   - Street address
   - City
   - State
   - ZIP code
   - Social Security no.
   - Birth date
   - Required
   - Relationship
   - Percentage, fraction or whole dollar amount

4. Name
   - **Court order?**
   - **Yes**
   - **No**
   - First
   - Middle
   - Last
   - Address
   - Street address
   - City
   - State
   - ZIP code
   - Social Security no.
   - Birth date
   - Required
   - Relationship
   - Percentage, fraction or whole dollar amount
SECTION 5 — SPOUSAL CONSENT INSTRUCTIONS
(Use these instructions to help fill out the information to the right.)

By signing this consent, your spouse is agreeing to the plan of payment and beneficiary selections in this application.

1. This section **must be completed** if you are married and you select:
   - Plan I — Single Life Annuity
   - Plan II — Joint and Survivor Annuity, Option 3(A) or 3(B), or Option 4 with less than one-half payable to your spouse
   - Plan III — Annuity Certain
   - Any plan with a primary beneficiary other than your spouse

2. If spousal consent is required and your spouse does not sign the consent, your retirement benefit will be paid under Option 2(A) — Joint and Survivor Annuity with one-half to your surviving spouse.

3. Your spouse must consent to your selection by signing the consent before a notary public.

4. Spousal consent is **not** required if:
   - You are required to elect a plan of payment pursuant to a court order and your current spouse is also a beneficiary under that plan; or
   - You are required to provide an amount to a former spouse or spouses pursuant to a court order or orders that is the maximum amount payable in a Joint and Survivor Annuity plan of payment.

SECTION 6 — DIRECT DEPOSIT INSTRUCTIONS
(Use these instructions to help fill out the information to the right.)

STRS Ohio provides safety and convenience to its members by directly depositing monthly benefits into either a checking, savings or investment account. Please complete this section to ensure that benefit payments may begin on your effective date of retirement.

1. To deposit your benefit in a **savings account**, provide the 9-digit routing number along with your account number in the space provided.

2. To deposit your benefit in an **investment account**, ask your investment plan to provide direct deposit information on a form or letter. Include a copy of this form or letter with your application.

3. To deposit your benefit in a **checking account**, please attach a voided check to this application or provide the account number and routing number in the space provided.

4. Your name must be on the account designated for your direct deposit.

5. Direct deposit of funds begins with your first benefit payment. Payments are made on the first banking day of the month.

6. Payments will not begin until your bank information has been received.

7. See sample below for identifying account number and routing number (nine digits) on your check.

Benefits deposited to your bank account to which you are not entitled may be recovered by STRS Ohio directly from your financial institution by either reversing the electronic deposit or sending a written request for return of the benefits to your financial institution.
SECTION 5 — SPOUSAL CONSENT (See instructions on Page 8.)

This section must be completed by the spouse of the STRS Ohio member if required. Please review the requirements on Page 8.

I understand the plan of payment and beneficiary selections listed in Sections 2, 3 and 4. I consent to these selections made by my spouse and understand that my consent is irrevocable. I further understand that if I do not consent, my spouse will receive either: (1) a Joint and Survivor Annuity with one-half of the benefit continuing to me in the event of my spouse's death; or (2) a benefit paid pursuant to a plan of payment with continuing benefits to a former spouse or spouses that my spouse was required to select pursuant to a court order or orders.

To be completed before a notary public:

Signature of spouse
Date

Before me, a notary public in and for said state, personally appeared ____________________________________________________________, who being by me duly sworn

Name of spouse

according to law, deposes and says that he/she consents to the selections listed in Sections 2, 3 and 4 of this application made by his/her spouse and understands that such consent is irrevocable.

Sworn to before me and signed in my presence this _______ day of _______ in the year _______.

State of ______________ County of ______________

Signature of notary public

My commission expires ______________

Notary seal

SECTION 6 — DIRECT DEPOSIT TO BANK ACCOUNT (REQUIRED) (Choose one type of account.)

☐ SAVINGS OR INVESTMENT ACCOUNT (For investment account, please see number 2 under Direct Deposit Instructions on Page 8):

Account number
9-digit routing or transit number

Name of financial institution

Address
Street address or P.O. box number
City
State
ZIP code

☐ CHECKING (Please attach a voided check below or provide the account number and routing number.):

Name of financial institution

Address
Street address or P.O. box number
City
State
ZIP code

Tape voided check here (do not staple).

OR

Account number

9-digit routing or transit number
SECTION 7 — FEDERAL INCOME TAX WITHHOLDING INSTRUCTIONS

(See the Taxes and Your STRS Ohio Benefits leaflet for more information.)

Select the matching number and fill in the information as required.

1. If you do not want federal tax withheld from your benefit, select Option 1.
2. If you want to elect tax withholding based on the number of allowances and marital status, select Option 2 and select “single” or “married.” Enter the number of allowances on the line provided.
3. If you want to choose “Married, but withhold at higher single rate,” select Option 3.

You can use the W-4 Tax Withholding Calculator on the STRS Ohio website at www.strsoh.org to estimate your tax withholding.

In addition to the calculated withholding in Option 2 or 3, you may also increase the amount of your withholding. If you selected Option 2 or 3 and want to increase the calculated withholding amount, check the box under “Optional additional withholding” and enter the additional amount.

SECTION 8 — STATE INCOME TAX WITHHOLDING INSTRUCTIONS

(See the Taxes and Your STRS Ohio Benefits leaflet for more information.)

Retirement benefits are subject to Ohio income tax for Ohio residents. Residents of another state are governed by the tax laws in that state. STRS Ohio cannot withhold tax for states other than Ohio.

STRS Ohio withholds only whole dollar amounts or a percentage with no decimal places. If you do not request a whole dollar amount, the amount will be rounded to the nearest dollar. A percentage with trailing decimal places will be rounded as well. For example, 6.3% would be rounded to 6%.

SECTION 9 — OPTIONAL RETIREE-FUNDED DEATH BENEFIT LUMP-SUM PAYMENT INSTRUCTIONS

(See the Service Retirement and Plans of Payment brochure for members enrolled in the STRS Ohio Combined Plan for detailed information on this program.)

1. If selected, name the person or persons who should receive this payment at your death. If the beneficiary is left blank, the death benefit will be paid by statutory succession.
2. If you name more than one beneficiary, connect each full name with the word “and.” Attach an additional page if necessary.
3. Costs for additional death benefits are listed in the Service Retirement and Plans of Payment brochure for members enrolled in the STRS Ohio Combined Plan.
4. You may change your death benefit beneficiary anytime. If you do not name a beneficiary, or if you have an invalid beneficiary designation on file at the time of your death, payment will be made by statutory succession as follows:
   A. A qualified beneficiary in the following order: (1) surviving spouse; (2) children; (3) parents; and (4) estate.
   B. Person who paid your burial expenses.
SECTION 9 — OPTIONAL RETIREE-FUNDED DEATH BENEFIT LUMP-SUM PAYMENT

Service retirement benefit recipients may purchase a death benefit of $1,000 or $2,000. This taxable benefit is optional and funded by the benefit recipient through monthly deductions from STRS Ohio benefits. Do not name yourself as beneficiary. If you do not want to purchase the death benefit, leave this section blank.

I authorize below a deduction from my monthly retirement benefit to purchase the optional retiree-funded death benefit amount elected.

☐ $1,000
☐ $2,000

Primary beneficiary

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
<th>Birth date</th>
</tr>
</thead>
</table>

Address

| Street address | City | State | ZIP code |

If no beneficiary is named, the statutory succession of beneficiaries will apply. See Page 10 for the order of statutory succession.
SECTION 10 — ACKNOWLEDGMENT OF MEMBER INSTRUCTIONS

This application must be signed and dated in ink and returned to STRS Ohio before your retirement can be processed. If the application is not signed, the entire form will be returned to you.

Your signature with date is required.

Once exact information is available, any balance due to you between partial payments and the final benefit amount will be paid retroactive to your effective date of retirement and will be paid as a “catch-up” payment.
SECTION 10 — ACKNOWLEDGMENT OF MEMBER

I certify that, as of my effective date of retirement, I am not or will not be employed in an STRS Ohio-contributing position in the public schools of Ohio. I understand an exception to paid employment after retirement is permitted if I am continuing employment with a secondary employer as described on Pages 1 and 2 and reported on Page 3 of this application.

I reviewed this application and hereby attest that the information I provided is true and correct to the best of my knowledge and that I have complied with all applicable court orders issued under 3105.171 or 3105.65 of the Ohio Revised Code or laws of another state regarding the division of marital property with respect to my STRS Ohio account and/or benefits. I further understand that changes in the effective date of retirement must be submitted to STRS Ohio before my effective date of retirement and that I cannot cancel my retirement after my effective date of retirement. I also understand that changes to my plan of payment must be submitted in writing and received by STRS Ohio by the 15th of the month of my first regular benefit payment.

I authorize STRS Ohio to recover any benefit payments electronically deposited to my financial institution following my death or to which I am otherwise not entitled directly from the financial institution, and authorize and direct my financial institution on my behalf or on behalf of my estate to refund such benefit overpayments to STRS Ohio and charge it accordingly to my account.

Member’s signature __________________________ Date ____________

MAKING CHANGES

Changes in your selected options for direct deposit or tax withholding may be made anytime. Changes to your effective date of retirement must be submitted to STRS Ohio before your effective date of retirement. You cannot cancel your retirement after your effective date of retirement. Changes to your plan of payment must be submitted in writing and received by STRS Ohio by the 15th of the month of your first regular benefit payment. You will be notified of the exact date you may change your plan of payment in a letter.
DID YOU REMEMBER?

Please take a few minutes to ensure your Service Retirement Application was completed correctly. An incomplete or incorrectly completed application may cause a delay in benefit payments. STRS Ohio is happy to answer further questions. Call STRS Ohio toll-free at 888-227-7877, Monday through Friday, 8 a.m.—5 p.m. or visit the website at www.strsoh.org.

- Read the Service Retirement Application completely and all brochures received with it.
- Please be sure all necessary information has been completed.
- Attach a voided check or provide account number and routing number.
- Be sure your effective date of retirement indicated on Page 3 is correct.
- If a copy of a court order or trust document is required, please be sure to attach the proper document(s).
- If spousal consent is required for a plan payment, make sure your spouse signed the application and it has been notarized.
- Sign and date as indicated in Section 10 (Page 13).