

Oregon Public Service Retirement Plan (OPSRP) Estimate Request

Important: Read instructions before you complete and submit the attached form.

General instructions

- Fill in the personal information block in Section A completely. If you do not know your PERS number, leave it blank.
- Type or print clearly in dark ink. Illegible forms could be returned to you, which could delay your request.
- Sign and date at the bottom of the form, and mail or fax the form to PERS.

Section B: Retirement date

Enter the month and year you want to retire. For example, you could use the month after your anticipated last day of employment. You can only use one date per form. If you want an estimate for more than one date, fill out additional forms. If you want to retire with 30 years of service, enter “Retire with 30 years.” **Only two estimates will be provided free of charge in a calendar year. (Note: We can only provide estimates for retirement dates within 24 months.)**

Section C: Beneficiary

Enter your beneficiary’s first name (no last name required) and his or her date of birth so we can provide the full and half-survivorship options. If you leave this section blank or if you enter an estate or trust, survivorship options are not available. The younger your beneficiary is, the lower your survivorship option benefits will be. (Survivorship options include Full-Survivorship, Half-Survivorship, Full-Survivorship Increase, and Half-Survivorship Increase.) This beneficiary information does not change your official beneficiary designation.

Section D: Current or last PERS employer

Enter the name of your current or last PERS employer.

Sign and return the form to:

PERS

PO Box 23700

Tigard OR 97281-3700,

You can also fax this form to Customer Service at 503-598-0561



Oregon Public Service Retirement Plan (OPSRP) Estimate Request

This form is strictly for the OPSRP Pension Program. Call PERS or visit our website if this is not the form you need.

Section A: Member information (Type or print clearly in dark ink. Illegible forms could be returned to you, which could delay your request.)

First name	MI	Last name	Social Security number*										
			<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>										
Mailing address (street or PO box)			PERS number (optional)										
City	State	Zip	Country										
			Date of birth (mm-dd-yyyy)										
Day phone number		Evening phone number	E-mail (optional)										

Section B: Retirement date

One retirement date per form

mm/01/yyyy

mm/dd/yyyy

01,

Date of retirement

Last day employed

Section C: Beneficiary

First name of beneficiary for this estimate

Beneficiary date of birth (mm/dd/yyyy)

Section D: Current or last PERS employer

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All estimates will be processed in retirement date order.



Signature (do not print)

Date

*Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. If you choose not to supply your SSN, it may take PERS staff longer to process your form.

In compliance with the Americans with Disabilities Act, PERS will provide help filling out this form upon request. You may request help by calling 503-598-7377, toll free 888-320-7377, or TTY 503-603-7766.

Form #459-533.indd (5/18/2009) SL-3 IIM Code: 29984

Office use only	
<input type="checkbox"/> PERS	<input checked="" type="checkbox"/> OPSRP
<input type="checkbox"/> IAP	
<input type="checkbox"/> Member	<input type="checkbox"/> Alternate payee
<input type="checkbox"/> Cross reference member SSN	