



11410 SW 68th Parkway, Tigard OR 97223
Mailing Address – PO Box 23700, Tigard OR 97281-3700
Toll free – 888-320-7377 fax – 503-598-0561
Website – <http://oregon.gov/pers>

Oregon Public Service Retirement Plan (OPSRP) Estimate Request

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

General instructions

Type or print clearly in dark ink. Illegible forms could be returned to you, which could delay your request.

Section A: Member information

Fill in the personal information block in Section A completely. If you do not know your PERS number, leave it blank.

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. **Only two estimates will be provided free of charge in a calendar year. We can only provide estimates for retirement dates within 24 months.**

Section C: Beneficiary

Enter your beneficiary's first name (no last name required), his/her year of birth, and his/her relationship to you so we can provide the full- and half-survivorship options. If you leave this section blank, 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.

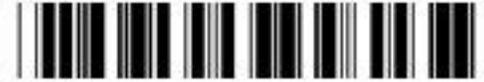
Return the form to:

PERS
PO Box 23700
Tigard, OR 97281-3700

You can also fax this form to Members Services at 503-598-0561



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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* |
| 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 | | Email (optional) |

Section B: Retirement date

| | |
|-------------------------------------|--------------------------------|
| One retirement date per form | |
| Date of retirement (mm/yyyy)* | Last day employed (mm/dd/yyyy) |

* This date must be after the date you submit this request and must be within the upcoming 24 months.

Section C: Beneficiary

| | | |
|---|----------------------------------|---------------------------------|
| First name of beneficiary for this estimate | Beneficiary year of birth (yyyy) | Beneficiary relationship to you |
|---|----------------------------------|---------------------------------|

Section D: Current or last PERS employer

| |
|---------------|
| Employer name |
|---------------|

*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 toll free 888-320-7377 or TTY 503-603-7766.