

RETIREMENT SYSTEM INFORMATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

MALE  FEMALE

MARITAL STATUS: SINGLE  MARRIED   
DIVORCED  WIDOWED

EMAIL ADDRESS: \_\_\_\_\_

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Do you have an active teaching license?  Yes  No

Are you currently retired?  Yes  No

Effective date of retirement \_\_\_\_\_

If yes, is one of the following paying your retirement benefit?  Yes  No

If yes, please check which one:

- State Teachers Retirement System
- State Employees Retirement System
- Ohio Public Employees Retirement System
- Ohio Police & Fire Pension Fund
- Ohio State Highway Patrol Retirement System
- City of Cincinnati Retirement System