Ohio Police & Fire Pension Fund
140 East Town Street
Columbus, OH 43215
Phone: 888–864–8363
Fax: (614) 628–1777
www.op–f.org

DESIGNATION OF AGENT

Please complete this form and file it with the Ohio Police & Fire Pension Fund (OP&F) if you wish to designate someone to serve as your duly–authorized agent for the purpose of applying for OP&F disability benefits, survivor benefits, and/or benefits from the Ohio Public Safety Officer's Death Benefit Fund.

By designating a person to act as your agent for any of these purposes, you are authorizing this person to act on your behalf and represent you in dealings with OP&F, which may include, but are not limited to, hearings before the Board of Trustees, completing various applications and forms and requesting confidential information from your personal history record.

Section A: Member information

Member's name: First, MI, Last, suffix (Jr. III, etc.)	Member's Social Security Number
	☐☐☐■☐☐■☐☐☐☐

Section B: Designation of agent

1. The person designated below is to serve/act as your agent for the following purposes *(check all that apply)*:
   - ☐ Applying for OP&F disability benefits on my behalf
   - ☐ Applying for OP&F survivor benefits on my behalf
   - ☐ Applying for benefits from the Ohio Public Safety Officer's Death Benefit Fund on my behalf

2. The authorization for the person designated below as your agent will be in effect for the period marked below, beginning on the date the signature on this form is notarized *(check one)*:
   ☐ 12 months ☐ 18 months ☐ 24 months ☐ until: ____/_____/_____ (mm / dd / yyyy)

Agent's name: First, MI, Last, suffix (Jr. III, etc.)	Agent's organization / Title
Street Address / Post office box	Phone:
City, State, ZIP code	Fax:

Section C: Member signature and acknowledgement

I, the member described in Section A of this Designation of Agent form, who, having been duly sworn, represent that I am the person herein described; it is my will and intent to designate the person named in Section B to serve as my duly–authorized agent for the purposes I have selected in Section B; this agency remains in effect for the time period I have selected in Section B unless OP&F receives written notice from me that I have rescinded or terminated this designation; and I waive my rights to any claim against OP&F, its employees, or the Board of Trustees, which may result from the release of any information to my agent or from any actions taken by my agent while representing me in any dealings with OP&F.

Member's signature: ▶	Date of signature:

Section D: Notary public requirement for member signature

The notary public in good standing must sign in the space provided in this section and affix their seal.

State of Ohio, County of _____, ss:

The foregoing Designation of Agent was acknowledged before me by the member named in the foregoing Section A, this _____ day of _____ , 20_____.

Affix Seal here	Notary's signature: ▶
	Print name:
	My commission expires:

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