

	<u>Printed Name of Eligible Member</u> (To be eligible, you must be an active plan member of the Oklahoma City Police Department)		<u>Signature of Eligible Member</u>		<u>Last Four (4) digits of SSN</u>	<u>Municipality</u>
14						Oklahoma City
15						Oklahoma City
16						Oklahoma City
17						Oklahoma City
18						Oklahoma City
19						Oklahoma City
20						Oklahoma City
21						Oklahoma City
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30						Oklahoma City
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32						Oklahoma City

