OPPRS
OKLAHOMA POLICE PENSION AND RETIREMENT SYSTEM
1001 N.W. 63rd Street, Suite 305
Oklahoma City, OK 73116-7335
Tel: (405) 840-3555 or (800) 347-6552 Fax: (405) 840-8465
www.opprs.ok.gov

# NOTICE OF SELECTED DISTRIBUTION FOR A REQUIRED MINIMUM DISTRIBUTION

A distribution from the Oklahoma Police Pension and Retirement System (the "System") has certain tax consequences. While the System has been approved by the Internal Revenue Service ("IRS") as a qualified plan in form under Internal Revenue Code Section 401(a), this approval in no way addresses the tax consequences of a distribution from the System to any individual member or beneficiary of the System.

The System, the Oklahoma Police Pension and Retirement Board ("Board") and the participating employers are not responsible for any tax consequences to the recipient that result from the recipient receiving a distribution from the System. We strongly recommend that a recipient who will receive a distribution seek the advice of a competent professional tax advisor regarding the potential adverse tax consequences of the distribution.

## MEMBER INFORMATION

| Member | City of Membership | Social Security Number |
|---|---|---|

## PAYMENT OF REQUIRED MINIMUM DISTRIBUTION

I understand that, in accordance with federal law, that ten percent (10%) of the taxable portion of my distribution not eligible for rollover will be withheld toward payment of my federal income taxes, unless I elect not to have any withholding. If you do not want any federal income taxes withheld from this distribution, then please elect the following:

☐ No federal income tax to be withheld at time of disbursement

I also understand that if I am an Oklahoma resident at the time of the distribution, Oklahoma law requires that five percent (5%) of the taxable portion of my distribution not eligible for rollover be withheld toward payment of my Oklahoma income taxes, unless I elect not to have any withholding. If you do not want any Oklahoma income taxes withheld from this distribution, then please elect the following:

☐ No Oklahoma income tax to be withheld at time of disbursement

## APPLICANT SIGNATURE

| | |
|---|---|
| Applicant's Signature (**Witnessed by Notary**) | Date |
| Please Print Name | Social Security Number |
| Mailing Address | Telephone Number |
| City, State and Zip Code | Email Address |

**NOTARY'S SIGNATURE**:

STATE OF _____ ) ss.
COUNTY OF _____ )

Subscribed and sworn to before me, the undersigned notary, on this the _____ day of _____ , 20_____ .

Notary Signature _____ My commission number _____

[SEAL]

My commission expires _____