



OKLAHOMA POLICE PENSION AND RETIREMENT SYSTEM

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Oklahoma City, Oklahoma 73116-7335  
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### APPLICATION FOR SURVIVOR'S PENSION FOR DEATH IN LINE OF DUTY AND DEATH BENEFIT

Surviving Beneficiary	SSN	Date of Birth
Deceased Member	SSN	City of Membership

I, \_\_\_\_\_, surviving beneficiary of \_\_\_\_\_, deceased, hereby make application to the Oklahoma Police Pension and Retirement Board for a pension and respectfully submit the following:

1. Applicant is the surviving beneficiary of \_\_\_\_\_, now deceased, who was a police officer duly appointed and employed with the \_\_\_\_\_ Police Department at the time of his/her death and that said deceased police officer served as a member of a duly constituted Police Department in the State of Oklahoma for a total of \_\_\_\_\_ year(s).  
That said service began on \_\_\_\_\_, and ended on \_\_\_\_\_.

2. That said member died on \_\_\_\_\_, by reason of injury sustained while in and in consequence of the performance of duty as an officer of said police department.

3. Pursuant to the member having paid the agreed contributions to the Oklahoma Police Pension and Retirement Fund, the surviving beneficiary is eligible for a pension beginning \_\_\_\_\_ pursuant to 11 O.S. § 50-101 et seq.

4. Please indicate beneficiary type:

That applicant was married to said member at the time of death.

That applicant is the surviving child of said member and is under age eighteen (18) or a full time student under age twenty-two (22).  
Current Age \_\_\_\_\_

As the beneficiary named above, I have read the foregoing application and its contents, and the statements made therein are true and correct.

BENEFICIARY SIGNATURE (Witnessed by Notary) \_\_\_\_\_ DATE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

TELEPHONE (\_\_\_\_\_) \_\_\_\_\_ EMAIL \_\_\_\_\_

**NOTARY'S SIGNATURE:**

STATE OF \_\_\_\_\_ ) ss.  
COUNTY OF \_\_\_\_\_ )

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

Notary Signature \_\_\_\_\_ My commission number \_\_\_\_\_

[SEAL] \_\_\_\_\_ My commission expires \_\_\_\_\_

**A COPY OF THE FOLLOWING DOCUMENTS MUST ACCOMPANY THIS APPLICATION:**

- |   |   |  |
|---|---|--|
| 1. Official Injury/Incident Report Form | 4. Direct Deposit Authorization (Form 110)    | 7. School Verification for Child (if applicable) |
| 2. Death Certificate                    | 5. Marriage Certificate (if applicable)       |  |
| 3. Withholding Certificate (Form 102)   | 6. Birth Certificate of Child (if applicable) |  |