

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

APPLICATION FOR SURVIVOR'S PENSION FOR DEATH NOT 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 Pensi	on and Retirement Board for a pension and re-	spectfully submit the following:
1. Please indicate beneficiary type:		
That applicant is the surviving spouse of said manufacture immediately preceding the member's death.	nember and was married to said member for a peri	od of thirty (30) continuous months or more
That applicant is the surviving child of said mem	nber and is <u>under</u> age eighteen (18) or a full time stu	ident under age twenty-two (22).
	Current Ag	e
2. Deceased member served for a period of	not less than ten (10) years as a duly app	ointed police officer of a participating
municipality, as defined by 11 O.S. § 50-10		
for a total of vear(s)	, and ended on	
Please indicate on the line below if service was	not continuous or it service was in more than	one participating police department:
3. Pursuant to the member having paid the surviving beneficiary is eligible for a pensic	agreed contributions to the Oklahoma Polic on beginning	
As the beneficiary named above, I have read th correct.	e foregoing application and its contents, and the	he statements made therein are true and
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 undersi	igned notary, on this day of	, 20
Notary Signature	My commission numb	per
[SEAL]	My commission expir	es

A COPY OF THE FOLLOWING DOCUMENTS MUST ACCOMPANY THIS APPLICATION:

1. Death Certificate

- 3. Direct Deposit Authorization (Form 110)
- 5. Birth Certificate of Child (if applicable)

- 2. Withholding Certificate(s)
- 4. Marriage Certificate (if applicable)
- 6. School Verification for Child (if applicable)