



OKLAHOMA POLICE PENSION AND RETIREMENT SYSTEM

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Oklahoma City, OK 73116-7335
Tel: (405) 840-3555 or (800) 347-6552 Fax: (405) 840-8465
www.opprs.ok.gov

APPLICATION FOR SERVICE PENSION

CITY OF MEMBERSHIP _____

I, _____, SSN _____, hereby make application to the Oklahoma Police Pension and Retirement Board for a service pension.

I have served not less that twenty (20) years as a duly appointed police officer of a participating municipality pursuant to 11 O.S. § 50-101 et seq.

Such service began on _____, and ended on _____.

Total credited service is: _____ years.

Please indicate on the lines below if service was not continuous or if service was with more than one participating police department:

Having paid the agreed contributions to the Oklahoma Police Pension and Retirement System, I am eligible for a pension beginning _____ (first day of month following date of separation).

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

APPLICANT 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 the _____ day of _____, 20 _____.

Notary Signature _____ My commission number _____

[SEAL] My commission expires _____

A COPY OF THE FOLLOWING DOCUMENTS MUST ACCOMPANY THIS APPLICATION:

- 1. Withholding Certificate(s)
- 2. Direct Deposit Authorization (Form 110)