



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 (Form 102)
- 2. Direct Deposit Authorization (Form 110)