



OKLAHOMA POLICE PENSION AND RETIREMENT SYSTEM

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

**APPLICATION FOR BENEFICIARY'S CONTINUATION OF PENSION AND DEATH BENEFIT**

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

I, \_\_\_\_\_, beneficiary of \_\_\_\_\_, now deceased, hereby makes application to the Oklahoma Police Pension and Retirement Board for a continuation of pension pursuant to 11 O.S. § 50-101 et seq. and respectfully submits the following:

**Please indicate beneficiary type:**

- That applicant is the surviving spouse of said member and was married for a period of thirty (30) continuous months or more immediately preceding the member's 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. Death Certificate                       | 4. Marriage Certificate (if applicable)          |
| 2. Withholding Certificate(s)              | 5. Birth Certificate of Child (if applicable)    |
| 3. Direct Deposit Authorization (Form 110) | 6. School Verification for Child (if applicable) |