



OKLAHOMA POLICE PENSION AND RETIREMENT SYSTEM

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Oklahoma City, OK 73116-7335
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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 (Form 102) | 5. Birth Certificate of Child (if applicable) |
| 3. Direct Deposit Authorization (Form 110) | 6. School Verification for Child (if applicable) |