



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 VESTED BENEFIT**

I, \_\_\_\_\_, SSN \_\_\_\_\_, have completed ten (10) or more years of credited service in the Oklahoma Police Pension and Retirement System (“System”) while employed with the \_\_\_\_\_ Police Department and I wish to elect a vested benefit in the System rather than withdraw my accumulated contributions. I understand that benefits will commence in accordance with 11 O.S. § 50-111.1 which states in part: “if a member has completed ten (10) years of credited service at the date of termination, the member may elect a vested benefit in lieu of receiving the member’s accumulated contributions.” The member shall then “...be entitled to a monthly retirement annuity commencing on the date the member reaches fifty (50) years of age or the date the member would have had twenty (20) years of credited service had the member’s employment continued uninterrupted, whichever is later. The annual amount of such retirement annuity shall be equal to two and one-half percent (2 ½%) of final average salary multiplied by the number of years of credited service.”

Would have had 20 years membership on: \_\_\_\_\_ Date of 50th birthday: \_\_\_\_\_

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 \_\_\_\_\_

**TO BE COMPLETED BY SYSTEM:**

CITY OF MEMBERSHIP _____	APPLICANT SSN _____
DATES OF EMPLOYMENT _____	TO _____
YEARS OF SERVICE CREDIT _____	
System Representative _____	Date _____