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**APPLICATION FOR REFUND OF CONTRIBUTIONS**

I, \_\_\_\_\_, SSN \_\_\_\_\_, hereby make application for refund of contributions paid by me to the Oklahoma Police Pension and Retirement System during my employment with the \_\_\_\_\_ Police Department under 11 O.S. § 50-101 et seq.

I am aware of the following:

- 1. A member with ten or more years of credited service may elect to receive a monthly vested benefit from the Oklahoma Police Pension and Retirement System ("System") commencing on the date of the member's fiftieth birthday or the date the member would have had twenty years of credited service had employment continued uninterrupted, whichever is later, rather than receive a refund of accumulated contributions.
- 2. A member continuing employment as a police officer in another member municipality may have the contributions and credited service transferred to that municipality rather than receive a refund.
- 3. A member returning to a member municipality may return the contributions withdrawn from the System plus ten percent (10%) annual interest to count prior service towards retirement.

**NOTICE:** Contributions paid into the System after 01/01/89, are subject to taxes. Applicant is responsible for payment of any taxes due. This office will mail a tax form 1099R at the end of the same year of the withdrawal. Each member must keep this office advised of a current address. Refunds are made the last business day of the month after receiving the last payroll contributions and Board approval.

As above named applicant, 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 _____
MEMBER (ONLY) CONTRIBUTIONS TO BE REFUNDED \$ _____	
System Representative _____	Date _____