



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

APPLICATION FOR REFUND OF CONTRIBUTIONS AND DEATH BENEFIT

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

Please indicate beneficiary type:

The 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.

The 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 _____

NOTICE: Contributions paid into the Oklahoma Police Pension and Retirement System ("System") after 01/01/89, are subject to taxes. Applicant is responsible for payment of any taxes due. The System will mail a tax form 1099R at the end of the same year of the withdrawal. Each applicant must keep the System 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 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 the _____ day of _____, 20 _____

Notary Signature _____ My commission number _____

My commission expires _____

[SEAL]

TO BE COMPLETED BY SYSTEM:

CITY OF MEMBERSHIP _____	MEMBER SSN _____
DATE OF EMPLOYMENT _____	DATE OF DEATH _____
MEMBER (ONLY) CONTRIBUTIONS TO BE REFUNDED \$ _____	
System Representative _____	Date _____

A COPY OF THE FOLLOWING DOCUMENTS MUST ACCOMPANY THIS APPLICATION:

- | | |
|---|--|
| 1. Death Certificate | 3. Birth Certificate of Child (if applicable) |
| 2. Marriage Certificate (if applicable) | 4. School Verification for Child (if applicable) |