

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 DEFERRED OPTION PLAN TERMINATION AND DEATH BENEFIT

Surviving Beneficiary	SSN	Date of Birth
Deceased Member	SSN	City of Membership
deceased on		, and was
participating in the Oklahoma Police Deferred Option Plan ("Plan") under	11 O.S. § 50-101 et seq. and OAG	ℂ 550:15.
Please indicate beneficiary type:		
The applicant is the surviving spouse of said member and was immediately preceding the member's death.	as married for a period of thi	irty (30) continuous months or more
The applicant is the surviving child of said member and is <u>under</u> age ei	ghteen (18) or a full time student	under age twenty-two (22).
Current Age		
Options to be considered by the beneficiary pursuant to 11 O.S. § 50-16	01 et seq. and OAC 550:15:	
<u>Lump-Sum Payment</u> : The member may select a lump sum payment, equal t by the Oklahoma Police Deferred Option Plan. This payment will be made termination of employment and after receipt of the completed payment selection.	after the last contribution has been	
<u>Direct Rollover</u> : The member may select a direct rollover of his or her distran Eligible Retirement Plan as described in OAC 550:1-7-5, or an annuity option account balance.		
The beneficiary may select an annuity/IRA. The annuity/IRA provider, a research and investigation. The balance of the member's Plan account wil If the beneficiary does not select an annuity/IRA provider, the beneficiar balance. Once the member's Plan account has been paid, there will not be pursuant to OAC 550:15.	be transferred directly to the ber y shall receive a lump sum payr	neficiary's selected annuity/IRA provider. ment equal to the member's Plan account
As the applicant named above, I have read the foregoing application and its	contents, and the statements made	de 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.	
Subscribed and sworn to before me, the undersigned notary, on this the	day of	, 20
Notary Signature	My commission number	
[SEAL]	My commission expires	
A COPY OF THE FOLLOWING DOCUMENTS MUST ACCOMPANY THIS APPLICATION:		
<ol> <li>Death Certificate</li> <li>Marriage Certificate (if applicable)</li> <li>Birth Certificate of Child (if applicable)</li> </ol>	<ul> <li>4. School Verification for Child (if applicable)</li> <li>5. Withholding Certificate(s)</li> <li>6. Direct Deposit Authorization (Form 110)</li> </ul>	