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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 OAC 550:15.

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 _____

Options to be considered by the beneficiary pursuant to 11 O.S. § 50-101 et seq. and OAC 550:15:

Lump-Sum Payment: The member may select a lump sum payment, equal to the member's option account, which will be paid directly to the member by the Oklahoma Police Deferred Option Plan. This payment will be made after the last contribution has been received and interest applied following termination of employment and after receipt of the completed payment selection form.

Direct Rollover: The member may select a direct rollover of his or her distribution in accordance with OAC 550:1-7-5. If the member does not select an Eligible Retirement Plan as described in OAC 550:1-7-5, or an annuity, the member shall receive a lump-sum payment equal to the member's option account balance.

The beneficiary may select an annuity/IRA. The annuity/IRA provider, as selected by the beneficiary, shall be the result of the beneficiary's own research and investigation. The balance of the member's Plan account will be transferred directly to the beneficiary's selected annuity/IRA provider. If the beneficiary does not select an annuity/IRA provider, the beneficiary shall receive a lump sum payment equal to the member's Plan account balance. Once the member's Plan account has been paid, there will not be any recourse against the Oklahoma Police Pension and Retirement System pursuant to OAC 550:15.

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 _____

A COPY OF THE FOLLOWING DOCUMENTS MUST ACCOMPANY THIS APPLICATION:

- | | |
|---|--|
| 1. Death Certificate | 4. School Verification for Child (if applicable) |
| 2. Marriage Certificate (if applicable) | 5. Withholding Certificate (Form 102) |
| 3. Birth Certificate of Child (if applicable) | 6. Direct Deposit Authorization (Form 110) |