

APPLICATION FOR MONIES DUE THE ESTATE, TRUST OR SUCCESSOR IN INTEREST

	Applicant Name	Federal Tax ID (EIN) or Applicant SSN	City of Membership
	Deceased Name	Deceased SSN	Member Name/SSN (if not the deceased)
I,	, Personal Representative, Trustee or Successor in Interest of		,

do hereby make application to the Oklahoma Police Pension and Retirement System for monies due the estate, trust or my shares of monies as set forth in the Affidavit of Successor(s) in Interest.

I am aware of the following:

•Upon the death of an active member, the accumulated employee contributions shall be remitted to the beneficiary of the member as that term is defined in 11 O.S. § 50-101 et seq. or to the member's estate, trust or successor in interest if there is no eligible beneficiary.

•Upon the death of a member that was a participant of the Oklahoma Police Deferred Option Plan, including the Back Drop Provision, the accumulated Deferred Option Plan account balance, if not previously paid, shall be remitted to the recipients designated in writing by the participant, or if none, to the surviving spouse who was married to the participant for the thirty (30) continuous months immediately preceding the participant's death, provided a surviving spouse of a participant who died while in, and as a consequence of, the performance of the participant's duty for a participating municipality, shall not be subject to the thirty-month marriage requirement for survivor benefits, or if no surviving spouse, to the estate or trust of the participant which includes a successor in interest for whom an affidavit is provided to the System.

•Upon the death of a retired member, the benefit payment for the month in which the member died, if not previously paid, shall be remitted to the beneficiary of the member as that term is defined in 11 O.S. § 50-101 et seq. or to the member's estate, trust or successor in interest if there is no eligible beneficiary. Such benefit payment shall be made in an amount equal to the full monthly benefit payment of the deceased member regardless of the day of the month in which the member died. If the total benefits paid as of the date of the member's death is less than the member's accumulated employee contribution amount, then the difference will also be refunded to the beneficiary of the member or to the member's estate, trust or successor in interest if there is no eligible beneficiary.

•Upon the death of a beneficiary receiving a continuation of pension of a deceased member, the benefit for the month in which the beneficiary died, if not previously paid, shall be made to the deceased beneficiary's estate, trust or successor in interest. Such benefit payment shall be paid in an amount equal to a full monthly benefit payment regardless of the day of the month in which the beneficiary died.

•Upon the death of an active or retired member, the Oklahoma Police Pension and Retirement System shall pay to the beneficiary of the member as that term is defined in 11 O.S. § 50-101 et seq., or if there is no eligible beneficiary, to the estate, trust or successor in interest of the member, a death benefit in the sum of Five Thousand Dollars (\$5,000.00).

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 ACCO	MPANY THIS APPLICATION:
1. Death Certificate	4. Affidavit of Successor in Interest (Form 119, if applicable)
2. Letters of Administration/Testamentary (if applicable)	5. Estate/Trust/Successor in Interest Payments Disbursement Selection
3. Trust Documentation (if applicable)	