OKLAHOMA POLICE PENSION AND RETIREMENT SYSTEM
1001 N.W. 63rd Street, Suite 305
Oklahoma City, Oklahoma 73116-7335
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www.opprs.ok.gov

# APPLICATION FOR PURCHASE OF CREDITED SERVICE

I, _____ , SSN _____ , hereby make application to purchase the following type of credited service:

☐ 1. Prior refund of accumulated contributions, as provided by 11 O.S. § 50-111.1(C).

☐ 2. Transferred service from an Oklahoma state, county, or municipal retirement system, as provided by 11 O.S. § 50-111.2

☐ 3. Time served with U.S. Department of Defense or U.S. State Department, as provided by 11 O.S. § 50-111.2A

☐ 4. Prior military service (before OPPRS membership), as provided by 11 O.S. § 50-128

I am aware of and understand the following:

1. The purchase of previously refunded accumulated contributions will alter my normal vesting and retirement eligibility and will be used for benefit calculation.

2. The actuarial purchase of transferred service from another eligible Oklahoma retirement system will NOT alter my normal vesting and retirement eligibility and will only be used for benefit calculation. I have provided appropriate verification of my dates of participation with the other retirement system and that I am not entitled to any retirement benefits from the system.

3. The purchase of time served with the U.S. Dept. of Defense or State Dept. will alter my normal vesting and retirement eligibility and will be used for benefit calculation. I have provided appropriate verification of my dates of service with the U.S. Dept. of Defense or State Dept.

4. The actuarial purchase of prior military service will NOT alter my normal vesting and retirement eligibility and will only be used for benefit calculation. I have provided appropriate verification of my dates of military service and honorable discharge.

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 _____