

**OKLAHOMA POLICE PENSION AND RETIREMENT SYSTEM**

1001 N. W. 63<sup>rd</sup> Street, Suite 305  
Oklahoma City, Oklahoma 73116-7335  
1 (405) 840-3555 / 1 (800) 347-6552  
www.opprs.ok.gov

**APPLICATION FOR VESTED BENEFIT**

I, \_\_\_\_\_, SSN \_\_\_\_\_, have completed ten (10) or more years of credited service in the Oklahoma Police Pension and Retirement System ("System") while employed with the \_\_\_\_\_ Police Department and I wish to elect a vested benefit in the System rather than withdraw my accumulated contributions. I understand that benefits will commence in accordance with 11 O.S. § 50-111.1 which states in part: "if a member has completed ten (10) years of credited service at the date of termination, the member may elect a vested benefit in lieu of receiving the member's accumulated contributions." The member shall then "...be entitled to a monthly retirement annuity commencing on the date the member reaches fifty (50) years of age or the date the member would have had twenty (20) years of credited service had the member's employment continued uninterrupted, whichever is later. The annual amount of such retirement annuity shall be equal to two and one-half percent (2 ½%) of final average salary multiplied by the number of years of credited service."

Would have had 20 years membership: \_\_\_\_\_ 50th birthday will be: \_\_\_\_\_

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) \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

TELEPHONE NUMBER ( ) \_\_\_\_\_ DATE \_\_\_\_\_

**NOTARY'S SIGNATURE:**

STATE OF \_\_\_\_\_ ) ss.

COUNTY OF \_\_\_\_\_ )

Subscribed and sworn to before me, the undersigned notary, on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Notary Signature \_\_\_\_\_ My commission number \_\_\_\_\_

[SEAL] \_\_\_\_\_ My commission expires \_\_\_\_\_

**EMPLOYERS' CERTIFICATION:**

I hereby certify that \_\_\_\_\_, SSN \_\_\_\_\_,

was employed by the \_\_\_\_\_ Police Department.

Such service began on \_\_\_\_\_, and ended on \_\_\_\_\_,

for a total of \_\_\_\_\_ years, \_\_\_\_\_ months and \_\_\_\_\_ days.

Authorized City Signature \_\_\_\_\_ Date \_\_\_\_\_

Position/Title \_\_\_\_\_ Telephone Number ( ) \_\_\_\_\_