OKLAHOMA POLICE PENSION AND RETIREMENT SYSTEM
1001 N. W. 63rd Street, Suite 305
Oklahoma City, Oklahoma 73116-7335
1 (405) 840-3555 / 1 (800) 347-6552
www.opprs.ok.gov

APPLICATION FOR REFUND OF CONTRIBUTIONS AND DEATH BENEFIT

Deceased Member _____ SSN _____ City of Employment _____

Beneficiary, Personal Representative or Affiant _____ Beneficiary Birth Date _____ Beneficiary SSN or Estate Tax ID _____

Please check one:

☐ 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 _____

☐ The applicant is a representative of the estate of said member and has attached either letters testamentary or letters of administration issued by a court of competent jurisdiction; or the applicant is an affiant and has attached an Affidavit of Heirship (Form 119).

NOTICE: Contributions paid into the Oklahoma Police Pension and Retirement System ("System") after 01/01/89, are subject to taxes. Applicant is responsible for payment of any taxes due. The System will mail a tax form 1099R at the end of the same year of the withdrawal. Each applicant must keep the System advised of a current address. Refunds are made the last business day of the month after receiving the last payroll contributions and Board approval.

A COPY OF THE FOLLOWING DOCUMENTS MUST ACCOMPANY THIS APPLICATION:

1. Death Certificate
2. Marriage License (if beneficiary spouse)
3. Child(s) Birth Certificate(s) (if beneficiary child)
4. School Verification for Children Over 18 (if beneficiary child)
5. Letters of Administration/Testamentary (if applicable)
6. Affidavit of Heirship (Form 119, if applicable)

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 ( ) _____ 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 _____

TO BE COMPLETED BY THE CITY CLERK: CITY _____ CODE _____

MEMBER NAME _____ SSN _____

DATE OF EMPLOYMENT _____ DATE OF DEATH _____

MEMBER (ONLY) CONTRIBUTIONS TO BE REFUNDED $ _____

I certify the above information relating to pension contributions and dates of employment for Officer _____ is true and correct to the best of my knowledge.

Authorized City Signature _____ Date _____

Position/Title _____ Telephone Number ( ) _____