

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 MONIES DUE THE ESTATE FROM THE SYSTEM

_____	_____	_____
Personal Representative/Affiant	Estate Tax ID	City of Membership
_____	_____	_____
Deceased	Deceased SSN	Member SSN if not the deceased

_____, Personal Representative/Affiant of Heirship of the Estate of _____, hereby makes application to the Oklahoma Police Pension and Retirement System for monies due the estate.

I am aware of the following:

Upon the death of a retired member, the benefit payment for the month in which the retired 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 if there is no 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 retired member died.

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’s estate. 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 a 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 beneficiary, or if the beneficiary predeceases the member, to the estate of the member, the sum of Five Thousand Dollars (\$5,000.00).

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 _____

A COPY OF THE FOLLOWING DOCUMENTS MUST ACCOMPANY THIS APPLICATION:

1. Death Certificate
2. Letters of Administration /Testamentary (if applicable)
3. Affidavit of Heirship (Form 119, if applicable)