



OKLAHOMA TEACHERS RETIREMENT SYSTEM

P.O. Box 53524 · Oklahoma City, Ok · 73152-3524

1(877)-738-6365 www.ok.gov/trs

Assignment of Death Benefits

Funeral Home

Please type or print in ink the information requested on this form. You must also provide a certified original copy of the deceased OTRS client's Death Certificate if you have not already done so. After you complete this form, return it with the certified Death Certificate to the P.O. Box listed above.

Part 1 - Beneficiary Information

_____	_____
Deceased member's name (First, Middle, Last)	Social Security number of Client
_____	_____
Beneficiary's name (First, Middle, Last)	Social Security number of beneficiary

Beneficiary's mailing address (Street or P.O. Box, City, State, ZIP + 4)	
_____	_____
Beneficiary's work telephone number	Beneficiary's home telephone number

Part 2 - Funeral Home Information

Name of the Funeral Home	

Funeral home's mailing address (Street or P.O. Box, City, State, ZIP + 4)	
_____	_____
Contact name	Funeral home's telephone number

Part 3 - Certification and Signature

As the designated beneficiary of the deceased client named above, I disclaim any interest in and to the taxable \$5,000 or a portion of the \$18,000 death benefit allowed by law and hereby assign and transfer such death benefit to the funeral home named above for value received and services to be performed by the funeral home.

It is expressly understood that this assignment, as authorized by 70 O.S. §105(11-12), authorizes and directs the System to release and pay the death benefit, less mandatory federal and state withholding tax, to the funeral home upon receipt of a certified death certificate, this assignment, and any other proof of claim as may be required by the System.

It is further expressly understood that this assignment of death benefit does not appear to be eligible under the rules and regulations of the Internal Revenue Service as a qualified disclaimer of income and may not allow the beneficiary to avoid such income for federal or state tax purposes. As a result, the System will report the death benefit on a Form 1099-R to the beneficiary. Please consult your tax professional for further information.

_____	_____
Beneficiary's signature	Date