**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 SURVIVOR'S PENSION FOR DEATH NOT IN LINE OF DUTY AND DEATH BENEFIT

| _____ | _____ | _____ |
|---|---|---|
| Surviving Beneficiary | SSN | Birth Date |
| _____ | _____ | _____ |
| Deceased Member | SSN | City of Membership |

Comes now _____ , surviving beneficiary of _____ , deceased, hereby making application to the Oklahoma Police Pension and Retirement Board for a pension and respectfully submitting the following:

1. Please check one:

☐ That applicant is the surviving spouse of said member and was married to said member for a period of thirty (30) continuous months or more immediately preceding the member's death.

☐ That applicant is the surviving child of said member and is <u>under</u> age eighteen (18) or a full time student <u>under</u> age twenty-two (22).
Current Age _____

2. Deceased member served for a period of not less than ten (10) years as a duly appointed police officer of a participating municipality, as defined by 11 O.S. § 50-101 et seq.
Such service began on _____ , and ended on _____ ,
for a total of _____ years, _____ months and _____ days.

Please indicate on the line below if service was not continuous or if service was in more than one participating police department:

_____

3. Pursuant to the member having paid the agreed contributions to the Oklahoma Police Pension and Retirement Fund, the surviving beneficiary is eligible for a pension beginning _____ pursuant to 11 O.S. § 50-101 et seq.

As above named beneficiary, I have read the foregoing application and its contents, and the statements made therein are true and correct.

BENEFICIARY SIGNATURE (Witnessed by Notary) _____

MAILING ADDRESS _____

CITY, STATE, ZIP _____

E-MAIL ADDRESS (OPTIONAL) _____

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 _____

**<u>A COPY OF THE FOLLOWING DOCUMENTS MUST ACCOMPANY THIS APPLICATION</u>:**

1. Death Certificate
2. Federal and State Tax Form
3. Direct Deposit Form (Form 110)
4. Marriage License (if applicable)
5. Child(s) Birth Certificate(s) (if applicable)
6. School Verification for Children Over 18 (if applicable)