

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 BENEFICIARY'S CONTINUATION OF PENSION AND DEATH BENEFIT

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

_____, beneficiary of _____, now deceased, hereby makes application to the Oklahoma Police Pension and Retirement Board for a continuation of pension pursuant to 11 O.S. § 50-101 et seq. and respectfully submits the following:

Please check one:

- That 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.
- That 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 _____

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 _____

A COPY OF THE FOLLOWING DOCUMENTS MUST ACCOMPANY THIS APPLICATION:

- 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)