

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 VESTED BENEFIT

I, _____, SSN _____, have completed ten (10) or more years of credited service in the Oklahoma Police Pension and Retirement System ("System") while employed with the _____ Police Department and I wish to elect a vested benefit in the System rather than withdraw my accumulated contributions. I understand that benefits will commence in accordance with 11 O.S. § 50-111.1 which states in part: "if a member has completed ten (10) years of credited service at the date of termination, the member may elect a vested benefit in lieu of receiving the member's accumulated contributions." The member shall then "...be entitled to a monthly retirement annuity commencing on the date the member reaches fifty (50) years of age or the date the member would have had twenty (20) years of credited service had the member's employment continued uninterrupted, whichever is later. The annual amount of such retirement annuity shall be equal to two and one-half percent (2 ½%) of final average salary multiplied by the number of years of credited service."

Would have had 20 years membership: _____ 50th birthday will be: _____

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 _____

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 _____

EMPLOYERS' CERTIFICATION:

I hereby certify that _____, SSN _____,

was employed by the _____ Police Department.

Such service began on _____, and ended on _____,

for a total of _____ years, _____ months and _____ days.

Authorized City Signature _____ Date _____

Position/Title _____ Telephone Number () _____