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 REFUND OF CONTRIBUTIONS

I, _____ , SSN _____ , hereby make application for refund of contributions paid by me to the Oklahoma Police Pension and Retirement System during my employment with the _____ Police Department under 11 O.S. § 50-101 et seq.

I am aware of the following:

1. A member with ten or more years of credited service may elect to receive a monthly vested benefit from the Oklahoma Police Pension and Retirement System ("System") commencing on the date of the member's fiftieth birthday or the date the member would have had twenty years of credited service had employment continued uninterrupted, whichever is later, rather than receive a refund of accumulated contributions.

2. A member continuing employment as a police officer in another member municipality may have the contributions and credited service transferred to that municipality rather than receive a refund.

3. A member returning to a member municipality may return the contributions withdrawn from the System plus ten percent (10%) annual interest to count prior service towards retirement.

NOTICE: Contributions paid into the System after 01/01/89, are subject to taxes. Applicant is responsible for payment of any taxes due. This office will mail a tax form 1099R at the end of the same year of the withdrawal. Each member must keep this office advised of a current address. Refunds are made the last business day of the month after receiving the last payroll contributions and Board approval.

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. *[SEAL HERE]*
COUNTY OF _____)

Subscribed and sworn to before me, the undersigned notary, on this _____ day of _____ , 20 _____ .

Notary Signature _____ My commission number _____

My commission expires _____

TO BE COMPLETED BY SYSTEM:

EMPLOYER _____ APPLICANT SSN _____

DATE OF EMPLOYMENT _____ DATE OF TERMINATION _____

MEMBER (ONLY) CONTRIBUTIONS TO BE REFUNDED $ _____

System Representative _____ Date _____