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 AND DEATH BENEFIT

Deceased Member	SSN	City of Membership
Beneficiary, Personal Representative or Affiant	Beneficiary Birth Date	Beneficiary SSN or Estate Tax ID

Please check one:

☐ The 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.

☐ The 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 _____

☐ The applicant is a representative of the estate of said member and has attached either letters testamentary or letters of administration issued by a court of competent jurisdiction; or the applicant is an affiant and has attached an Affidavit of Heirship (Form 119).

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

A COPY OF THE FOLLOWING DOCUMENTS MUST ACCOMPANY THIS APPLICATION:

1. Death Certificate
2. Marriage License (if beneficiary spouse)
3. Child(s) Birth Certificate(s) (if beneficiary child)
4. School Verification for Children Over 18 (if beneficiary child)
5. Letters of Administration/Testamentary (if applicable)
6. Affidavit of Heirship (Form 119, if applicable)

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 ( ) _____ 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 _____

TO BE COMPLETED BY THE CITY CLERK: CITY _____ CODE _____

MEMBER NAME _____ SSN _____

DATE OF EMPLOYMENT _____ DATE OF DEATH _____

MEMBER (ONLY) CONTRIBUTIONS TO BE REFUNDED $ _____

I certify the above information relating to pension contributions and dates of employment for Officer _____ is true and correct to the best of my knowledge.

Authorized City Signature _____ Date _____

Position/Title _____ Telephone Number ( ) _____