OKLAHOMA POLICE PENSION AND RETIREMENT SYSTEM
1001 N.W. 63RD Street, Suite 305
Oklahoma City, OK 73116-7335
1 (405) 840-3555 / 1 (800) 347-6552
www.opprs.ok.gov

APPLICATION FOR DEFERRED OPTION PLAN TERMINATION AND DEATH BENEFIT

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

_____ deceased on _____, and was participating in the Oklahoma Police Deferred Option Plan ("Plan") under 11 O.S. § 50-101 et seq. and OAC 550:15.

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 <u>under</u> age eighteen (18) or a full time student <u>under</u> 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).

Options to be considered by the beneficiary pursuant to 11 O.S. § 50-101 et seq. and OAC 550:15:

<u>Lump-Sum Payment</u>: The member may select a lump sum payment, equal to the member's option account, which will be paid directly to the member by the Oklahoma Police Deferred Option Plan. This payment will be made after the last contribution has been received and interest applied following termination of employment and after receipt of the completed payment selection form.

<u>Direct Rollover</u>: The member may select a direct rollover of his or her distribution in accordance with OAC 550:1-7-5. If the member does not select an Eligible Retirement Plan as described in OAC 550:1-7-5, or an annuity, the member shall receive a lump-sum payment equal to the member's option account balance.

The beneficiary may select an annuity/IRA. The annuity/IRA provider, as selected by the beneficiary, shall be the result of the beneficiary's own research and investigation. The balance of the member's Plan account will be transferred directly to the beneficiary's selected annuity/IRA provider. If the beneficiary does not select an annuity/IRA provider, the beneficiary shall receive a lump sum payment equal to the member's Plan account balance. Once the member's Plan account has been paid, there will not be any recourse against the Oklahoma Police Pension and Retirement System pursuant to OAC 550:15.

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 _____

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

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)
7. Direct Deposit Form (Form 110, if beneficiary)
8. Federal and State Tax Form (if beneficiary)