

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 TRANSFER OF SERVICE CREDIT

I, _____, SSN _____,

hereby make application for my service credit with the Oklahoma Police Pension and Retirement System to be transferred from the _____ Police Department to the _____ Police Department.

As above named applicant, I have read this application and its contents, and the statements made therein are true and correct.

APPLICANT SIGNATURE (Witnessed by Notary) _____

MAILING ADDRESS _____

CITY, STATE, ZIP _____

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 _____

TO BE COMPLETED BY CITY TRANSFERRING FROM:

CITY _____ CODE _____

APPLICANT NAME (Please Print) _____

APPLICANT SSN _____

DATE OF EMPLOYMENT _____ DATE OF TERMINATION _____

MEMBER (ONLY) CONTRIBUTIONS BEING TRANSFERRED \$ _____

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

Authorized City Signature _____ Date _____

Position/Title _____ Telephone Number () _____