

**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 Employment
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                                    | 4. School Verification for Children Over 18 (if beneficiary child) |
| 2. Marriage License (if beneficiary spouse)             | 5. Letters of Administration/Testamentary (if applicable)          |
| 3. Child(s) Birth Certificate(s) (if beneficiary child) | 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 \_\_\_\_\_

TELEPHONE (\_\_\_\_\_) \_\_\_\_\_ DATE \_\_\_\_\_

**NOTARY'S SIGNATURE:**

STATE OF \_\_\_\_\_ ) ss.  
COUNTY OF \_\_\_\_\_ )  
Signed and sworn to before me on \_\_\_\_\_, by \_\_\_\_\_ .  
Notary Public \_\_\_\_\_ 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 (\_\_\_\_\_) \_\_\_\_\_