

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

**TRUSTEE-TO-TRUSTEE TRANSFER FORM FOR PURCHASE OF CREDITED SERVICE
(FOR MILITARY SERVICE UNDER USERRA)**

Section I: Member Information - Please Type or Print Clearly

Member Name _____ SSN _____

Mailing Address _____

City, State, Zip _____

Home Telephone Number (_____) _____ Work Telephone Number (_____) _____

Participating Municipality _____

Section II: Plan Information for IRC §403(b) plan, governmental IRC §457 plan within Oklahoma and/or IRC §401(a) qualified plan

I have a balance in my account in the following retirement plan(s) that qualify(ies) under IRC §403(b), §457 and/or §401(a):

Plan Name & Address	Contact Person & Phone	Pre-Tax Amount	After-Tax Amount	Total

A copy of my most recent statement(s) is/are enclosed with this form.

Section III: Request for Transfer for Purchase of Credited Service for Purpose of Benefit Accrual

I hereby request a transfer from the above-referenced plan(s), to be made directly to the Oklahoma Police Pension and Retirement System ("System"), as follows:

Transfer my entire account balance

Transfer the following amount: \$ _____ (\$ _____ pre-tax and/or \$ _____ after-tax)

Member Signature _____ Date _____

Section IV: Request for Transfer – Pay Off Remaining Balance

I hereby request to pay off the remaining balance of existing installment payments by a transfer from the above-referenced plan(s) directly to the System as follows:

Transfer the following amount: \$ _____ (\$ _____ pre-tax and/or \$ _____ after-tax)

Member Signature _____ Date _____

Section V: Acceptance by System

The System acknowledges and affirms that the applicant requesting the above transfer of funds is currently a Member in the System and is authorized to request the transfer.

PLEASE MAKE THE TRANSFER CHECK PAYABLE TO **OKLAHOMA POLICE PENSION AND RETIREMENT SYSTEM** AND SEND IT TO:

Oklahoma Police Pension and Retirement System
1001 N.W. 63rd Street, Suite 305
Oklahoma City, Oklahoma 73116-7335

System Representative Signature _____ Date _____