**Oklahoma Firefighters Pension and Retirement System**
6601 Broadway Ext., Suite 100
Oklahoma City, Oklahoma 73116-8214
1-800-525-7461 · (405) 522-4600 · Fax (405) 522-4643
www.ok.gov/fprs

# Application for Retirement Pension

☐ PAID ☐ VOLUNTEER

Before the Board of Trustees of the Oklahoma Firefighters Pension and Retirement System, _____ Fire Department, City of _____ County of, _____ Oklahoma.

In re: Application for Pension of _____, pursuant to Oklahoma Statutes, Title II, Section 49-101 and 49-106, Supp. 1981.

COMES NOW _____ who hereby makes application to the Board of Trustees
(as shown on social security card)
of the Oklahoma Firefighters Pension and Retirement System for a pension and respectfully submits the following:

CODE _____ DEPT. NAME _____

FIREFIGHTERS SOCIAL SECURTIY NUMBER _____

SERVICE ENDED _____

EFFECTIVE DATE _____

DEDUCTIONS (if any):

**FOR OFFICE USE ONLY**

RETIREMENT CODE

PAYEE CLASS

STATUS

PENSION AMOUNT

PREP BY: _____

REV BY: _____

APV BY: _____

| | | | | | |
|---|---|---|---|---|---|
| FEDERAL TAX | _____ | OTHER INS. | _____ | DETAIL DUES | _____ |
| STATE TAX | _____ | CREDIT UNION | _____ | OTHER A | _____ |
| RETIREES DUES | _____ | MISC. | _____ | OTHER B | _____ |
| MUNICIPAL INS. | _____ | MUTUAL AID | _____ | OTHER C | _____ |

SPOUSE'S NAME _____ BIRTHDATE _____ MARRIAGE DATE _____

| NAME OF CHILD: | BIRTHDATE: | NAME OF CHILD: | BIRTHDATE: |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

***REQUIRED*** **ENTER DIRECT DEPOSIT INFORMATION BELOW AND ATTACH A VOIDED CHECK TO FORM**

| BANK NAME | BANK ADDRESS | ACCOUNT NUMBER |
|---|---|---|
| | | |

| BANK PHONE NUMBER | CITY | STATE | ZIP CODE | ROUTING NUMBER |
|---|---|---|---|---|
| | | | | |

1. That applicant has served a period of not less than twenty(20) years as a duly appointed and enrolled member of a regularly constituted municipal fire department in the State of Oklahoma. Such service began on the _____ day of _____, _____ and ended on the _____ day of _____, _____. (If service was not continuous or if service was with more than one Fire Department, fill in the dates of service and location of Fire Department on the lines below.)

_____ _____

_____ _____

(over)

2a. That, if paid firefighter, applicant is entitled to one half (1/2) of the average monthly salary including longevity for his/her highest salaried thirty consecutive months of the last sixty(60) months of credited service.

2b. That, if paid firefighter, provided that for each full year in excess of twenty (20) years he/she shall be entitled to receive an additional two and one-half percent (2 1/2%) of the average monthly salary which was paid to him/her during the highest salaried thirty consecutive months of the last sixty months credited service, and in no event shall applicant be entitled to receive more than seventy-five percent (75%) of said salary, fifteen (15) days or more shall count as a full month, less than fifteen days shall be dropped.

3a. That, if volunteer firefighter, applicant shall be entitled to pension in the amount allowed by State law for each year of credited service, not to exceed thirty (30) years.

3b. That, in calculating volunteer pension, six months or more shall be counted as a full year and less than six months shall be dropped. WHEREFORE, applicant requests that he/she be granted a monthly pension in accordance with Title II, O.S. Sections 49-1 01 and 49-106 to be paid from the Oklahoma Firefighters Pension and Retirement System in accordance with the laws of the State of Oklahoma.

Is applicant currently participating in the Deferred Retirement Option Plan? ☐ Yes ☐ No

WHEREFORE, applicant requests that he/she be granted a monthly pension in accordance with Title II, O.S. Sections 49-101 and 49-106 to be paid from the Oklahoma Firefighters Pension and Retirement System in accordance with the laws of the State of Oklahoma.

Dated this _____ day of _____ , _____

_____
Applicant's Signature

_____
Mailing Address

_____ _____ _____
City State ZIP Code

_____
Phone

State of Oklahoma )
) SS.
County of _____ )

_____ , first being duly sworn on oath deposed and says that he/she is the Applicant above named, that he/she read the within and foregoing application, knows the contents thereof, and that the statements contained therein are true and correct.

Subscribed and sworn to before me _____ day of _____ , _____ .

My commission expires _____

Notary Public

**PLEASE ENCLOSE:**

**MINUTES OF YOUR LOCAL PENSION BOARD MEETING (Minutes from town counsel cannot be accepted).**

**FEDERAL AND STATE WITHHOLDING TAX FORM (FORM 6)**

**AFFIDAVIT VERIFYING LAWFUL RESIDENCE IN THE UNITED STATES (FORM 24)**

**A VOIDED CHECK FOR DIRECT DEPOSIT**

**(OPTIONAL) HEALTH ELECTION/CHANGE FORM FOR ELIGIBLE RETIRED PUBLIC SAFETY OFFICER (FORM 23)**

**Return to:** **OKLAHOMA FIREFIGHTERS PENSION AND RETIREMENT SYSTEM**
**6601 Broadway Ext., Suite 100**
**Oklahoma City,OK 73116-8214**

Print Form