Oklahoma Firefighters Pension and Retirement System
4545 N. Lincoln Blvd., Suite 265
Oklahoma City, Oklahoma 73105-3407
1-800-525-7461 · (405) 522-4600 · Fax (405) 522-4643
www.okfirepen.state.ok.us

APPLICATION FOR REFUND OF CONTRIBUTION

I, _____ , hereby make application for Refund of Contribution paid by me to the Oklahoma Firefighters Pension and retirement System, State of Oklahoma, during my period of employment with the _____ Fire Department.

If applicant has ten or more years of credited service, he/she is fully aware that he/she may elect a vested benefit (Form18)in the Oklahoma Firefighters Pension and Retirement System, rather than receive a refund of accumulated contributions at this time.

If applicant receives a refund and then returns to a fire department, he may return the contributions withdrawn from the System plus ten percent (10%) interest annually to count prior service towards retirement. If applicant intends to continue employment as a firefighter in another city in Oklahoma, he may have his contributions transferred to that city rather than receiving a refund.

NOTICE: Contributions paid into the System after 01/01/89 are subject to taxes. Our office will mail a Form 1099R at the end of the year in which the withdrawal is made. IRS Notice 92-48 (copy attached) requires that we withhold 20% tax on the taxable portion of your distribution, please indicate below. We encourage you to seek the advice of a competent professional tax advisor regarding tax consequences. (You could be subject to a 10% penalty tax if you are not at least 55 years old during the calendar year you separate from service.) No refund will be made until sixty days after Termination. Due to tax reporting requirements, all refunds will be made the last day of a month.

_____ I elect to have my taxable distribution rolled over to an IRA or another eligible plan that accepts rollovers. Contributions paid by me prior to 01/01/89 will be refunded directly to me. **Please attach a copy of IRA Trustee Agreement.**

Dept. Name _____

Applicant's SSN _____

Date of Termination _____

Reason _____

Applicant's Signature _____

Address _____

City, State, Zip _____

Phone _____

State of _____)

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 before me _____ .

My commission expires _____ _____

Notary Public

For Office Use Only

Pre 89 Contributions	$ _____	LTD Contributions	$ _____
Taxed Deferred Cont.	$ _____	Deferred Taxes (20%)	$ _____
Rollover	$ _____	Refund	$ _____