



STATE OF OKLAHOMA  
FIREFIGHTERS PENSION AND RETIREMENT SYSTEM

**QUALIFIED DISCLAIMER**

Firefighter's ssn \_\_\_\_\_ FireDept. \_\_\_\_\_

I, \_\_\_\_\_ of deceased  
(applicant) (relationship)

firefighter \_\_\_\_\_, hereby disclaim all rights to the death benefit provided for in 11 O.S. Section 49-113.2.

It is my understanding that the death benefit will be paid to \_\_\_\_\_, which has or will provide funeral and burial services for the deceased member or, if the cost of the funeral and burial services for the deceased member has already been paid, to the person or persons other than myself as further provided for by law.

This disclaimer must be submitted to the pension office no later than nine months after the death of the firefighter.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ ) SS.

\_\_\_\_\_, first being duly sworn on oath deposed and says that he/she is the applicant above named that he/she has read the within and foregoing disclaimer, knows the contents thereof, and that the statement contained therein are true and correct.

Subscribed and sworn to before me \_\_\_\_\_.

My commission expires \_\_\_\_\_  
Notary Public

