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

QDRO
Payment Election Form Deferred Option Plan - "Plan B"

- IT IS NOT NECESSARY TO NOTIFY THIS OFFICE UNLESS YOU REQUEST A WITHDRAWAL.
- THIS FORM MUST BE RECEIVED BY THE **15TH OF A MONTH** TO RECEIVE A PAYMENT AT THE END OF THAT MONTH. DUE TO TAX REPORTING REQUIREMENTS, ALL DISTRIBUTIONS FROM THIS PLAN SHALL BE PAID THE LAST WORKING DAY OF A MONTH.
- **AFFIDAVIT VERIFYING LAWFUL PRESENCE IN THE US (FORM 24) MUST BE ON FILE BEFORE ANY DISTRIBUTION CAN BE MADE**.

PLEASE INDICATE YOUR CHOICE OF PAYMENT BELOW, SIGN, DATE AND RETURN THIS FORM TO OUR OFFICE.

☐ WITHDRAW TOTAL ACCOUNT BALANCE. AMOUNT $ _____

☐ DIRECT ROLLOVER - PLEASE SUBMIT COPY OF YOUR IRA AGREEMENT REGARDING THE DIRECT ROLLOVER.

*** IMPORTANT ***

IF YOU RECEIVE DISTRIBUTION FROM PLAN B, 20% WILL BE WITHHELD FOR FEDERAL TAXES IF THE DISTRIBUTION IS PAID TO YOU. HOWEVER, YOU MAY ELECT A DIRECT ROLLOVER AND YOU WILL NOT BE TAXED ON THE DISTRIBUTION AT THIS TIME.

DO YOU WISH TO HAVE STATE TAX WITHHELD? ☐ YES ☐ NO

DO YOU WISH TO HAVE THE ADDITIONAL 10% FEDERAL TAX PENALTY WITHHELD? ☐ YES ☐ NO

DUE TO TAX REPORTING REQUIREMENTS, ALL DISTRIBUTIONS FROM THIS PLAN SHALL BE PAID THE LAST WORKING DAY OF A MONTH.

MEMBER SOCIAL SECURITY NUMBER	PAYEE MAILING ADDRESS
MEMBER PRINTED NAME	CITY / STATE / ZIP CODE
PAYEE SOCIAL SECURITY NUMBER	PHONE
PAYEE DATE OF BIRTH	DATE
PAYEE PRINTED NAME	PAYEE'S SIGNATURE