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

WAIVER OF ALL OR A PORTION OF MONTHLY BENEFIT

I am currently receiving monthly retirement benefits under the provisions of the Oklahoma Firefighters Pension and Retirement System. Pursuant to subsection C of 11 O.S. Section 49-106, I elect to waive all or a portion of my monthly benefit from _____ per month, to _____ per month beginning _____ .
Date (mm/dd/yyyy)

I understand the consequences of my waiver, including the fact that I cannot revoke the waiver and demand the payment of previous waived monthly benefits.

State of _____)
) ss.
County of _____)

_____
Member's Signature

_____
Mailing Address

_____ ____ _____
City State Zip

_____
Phone

_____ , 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 waiver, knows the contents thereof, and that the statements contained therein are true and correct.

Subscribed and sworn to before me _____ , _____ .

My commission expires _____ . _____
Notary Public