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 Participation Under the Back Drop Provision

Member's SSN _____ Fire Dept. _____

I, _____ do hereby **irrevocably** elect to participate in the Oklahoma Firefighters Deferred
(as shown on social security card)
Option Plan - Plan B ("Plan B") under the Back DROP provision ("Back DROP") in accordance with Oklahoma Statutes, Title 11, Section 49-1 06.1.H, Subsection.

My participation in Back DROP shall begin on _____ 1st , _____ .

I shall terminate employment with all participating municipalities as a firefighter, and shall begin receiving my accrued monthly benefit from the Oklahoma Firefighters Pension and Retirement System ("System").

My monthly benefit shall be determined based on my earlier attained credited service (credited service earned as of the "back drop date') and on the final average salary as of the "back drop date." My "back drop date" is _____ 1st , _____. (your back drop date is your normal retirement date or the date five (5) years before you elected to participate in the Back DROP, whichever is later).

Upon commencement of my participation in the Back DROP, I shall receive as a credit of my deferred benefit balance from the Back DROP:

(1) an amount equal to the accumulated contributions I made to the System from my back drop date to my termination date with interest based on how the benefit would have accumulated on a compound annual basis as if , had participated in the Deferred Option Plan pursuant to the Oklahoma Statutes, Title 11, Section 49-1 06.1 (A-E) from my back drop date to my termination date;
(2) an amount equal to all monthly retirement benefits that would have been payable had I elected to cease employment on the back drop date and receive a service retirement from the back drop date to the termination date with applicable cost of living adjustments and with interest based on how the benefit would have accumulated on a compound annual basis as jf I had participated in the Deferred Option Plan pursuant to the Oklahoma Statutes, Title 11, Section 49-1 06.1 (A-E) from my back drop date to my termination date; and
(3) an amount equal to one-half (1/2) of the employer contributions from the back drop date to the termination date, with interest based on how the' benefit would have accumulated on a compound annual basis as if I had participated in the Deferred Option Plan pursuant to Oklahoma Statutes, Title 11, Section 49-1 06. 1 (A-E) from my back drop date to my termination date.

I understand that on my back drop date, my retirement benefit freezes and at no time will I be allowed to increase my pension benefit due to additional years of service, salary or other promotional increases .

If I am reemployed by a participating municipality not covered by the System, I shall continue to receive in-service distributions of my accrued monthly benefit from the System.

At the time of my termination, I shall select the method of payment as set out in the Payment Election Form under the Back DROP provision provided by the System. In the event of my death while maintaining an account balance in the Back DROP, the System will pay to my designated recipient or recipients, or, if there is no designated recipient or if my designated recipient predeceases me, to my estate, a lump sum payment equal to my account balance. If my designated recipient is my surviving spouse, my surviving spouse will receive his or her portion of my account balance in a lump sum or may continue to be paid in the same manner as was applicable to me.

*****IMPORTANT TAX NOTICE*****

The System has been approved by the Internal Revenue Service ("IRS") as a qualified plan under the Internal Revenue Code, Section 401. This IRS approval in no way addresses the tax consequences of any portion of this System to any individual participant in the Back DROP.

The System, the Firefighters Pension Board, and the Employer are not responsible for the tax consequences to any participant making an election to participate in the Plan and/or receiving payment(s) under the System. Participants are strongly encouraged to seek the advice of a competent professional tax advisor regarding the tax consequences of making an election to participate in the Deferred Option Plan.

Under current tax law, we are required to withhold 20% taxes from any distribution made directly to you from the Deferred Option Plan. However, you may choose to roll over the accumulated amount directly to an IRA or another eligible plan that accepts rollovers. Also, under current law, you could be subject to a 10% tax penalty for early distribution if you are not at least 50 years old during the calendar year you separate from service, or if you are not at least 59 1/2 years old when you receive the distribution.

(over)

Marriage Date _____ Mailing Address _____

Phone _____ _____ _____ _____
City State ZIP Code

Dated this _____ day of _____ , _____ Applicant's Signature _____

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 has 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

FOR OFFICE USE ONLY

Hire Date _____ % Used _____

Year of Service _____ Benefit Amount _____