OKLAHOMA FIREFIGHTERS PENSION & RETIREMENT SYSTEM
4545 N. Lincoln Blvd., Suite 265
Oklahoma City, OK 73105-3407
1-800-525-7461 • 405/522-4600 • Fax (405) 522-4643

DESIGNATION OF RECIPIENT FOR $5,000 DEATH BENEFITS

NAME _____ SSN _____
FIRE DEPT. _____ ACTIVE _____ RETIRED _____
COUNTY _____

State Law provides the eligible spouse will receive the death benefit before any primary or contingent recipient is considered. List your spouse as primary recipient only if you have been married less than 30 months and wish to make her a recipient.

SECTION 1. PRIMARY RECIPIENT OR RECIPIENTS: If more than one recipient is named in this section, the interest of all recipients shall be equal. Upon the death of any designated *primary* recipient, his/her interest shall pass to the remaining *primary* recipient in equal shares.

1. I hereby designate _____ First Name Middle Name Last Name _____ Birthday
_____ Relationship _____ Mailing Address City State Zip (____) _____ Phone
1. I hereby designate _____ First Name Middle Name Last Name _____ Birthday
_____ Relationship _____ Mailing Address City State Zip (____) _____ Phone
1. I hereby designate _____ First Name Middle Name Last Name _____ Birthday
_____ Relationship _____ Mailing Address City State Zip (____) _____ Phone

as my primary recipient(s) if living, or in the event of prior death of all the primary recipients, then payment is to be made to the contingent recipient(s) in Section 2.

SECTION 1. CONTINGENT RECIPIENT OR RECIPIENTS: Payment will be made to *contingent* recipients if all *primary* recipients are deceased. If more than one *contingent* recipient is named, payment will be made in equal shares. Upon the death of a *contingent* recipient, his/her interest shall pass to the remaining *contingent* recipient in equal shares.

1. I hereby designate _____ First Name Middle Name Last Name _____ Birthday
_____ Relationship _____ Mailing Address City State Zip (____) _____ Phone
1. I hereby designate _____ First Name Middle Name Last Name _____ Birthday
_____ Relationship _____ Mailing Address City State Zip (____) _____ Phone
1. I hereby designate _____ First Name Middle Name Last Name _____ Birthday
_____ Relationship _____ Mailing Address City State Zip (____) _____ Phone

as my *contingent* recipient(s) to receive the amount as set forth in the Oklahoma Firefighters Pension and Retirement System in the event of my death. *Contingent* recipients do not share in the amount due if any of the *primary* recipients are living at my death.

FORM MUST BE SIGNED AND NOTARIZED ON REVERSE SIDE