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

WAIVER OF RETIREMENT BENEFITS

I understand that I am eligible for retirement benefits under the provisions of the Oklahoma Firefighters Pension and Retirement System beginning _____. I wish to waive these benefits and elect to withdraw the accumulated contributions that were withheld from my salary during my employment with _____ _____.

My monthly retirement benefit would have been $_____ per month payable for my lifetime, and after consideration, I elect to withdraw my contributions in the amount of $_____ and waive all rights to any retirement benefits. I understand the consequences of my withdrawal, including the fact that I cannot pay back any withdrawn contributions unless I return to active participation in the Oklahoma Firefighters Pension and Retirement System. Below is the address where payment of my accumulated contributions should be mailed.

State of _____)
) ss.
County of _____)

_____
Member's Signature

_____
Mailing Address

_____
City State Zip

(_____)_____

_____, 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 application, 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