



Oklahoma Firefighters Pension and Retirement System

4545 N. Lincoln Blvd. Suite 265
Oklahoma City, OK 73105-3407
1-800-525-7461 · (405) 522-4600 · Fax (405) 522-4643
www.okfirepen.state.ok.us



APPLICATION FOR DEATH BENEFIT

Title 11, Section 49-113.2 reads in part: Upon the death of an active or retired member, the System shall pay to the surviving spouse of the member if the surviving spouse has been married to the firefighter for thirty (30) continuous months preceding the member's death provided a surviving spouse of a member who died while in, or as a consequence of, the performance of the member's duty for a participating municipality shall not be subject to the marriage limitation for survivor benefits. or if there is no surviving spouse or no surviving spouse meeting the requirements of this section, the System shall pay to the designated recipient or recipients of the member, or if there is no designated recipient or if the designated recipient predeceases the member, to the estate of the member, the sum of Five Thousand Dollars (\$5,000).

The Death Benefit is subject to state and federal taxation. A surviving spouse may elect to directly rollover the distribution to an Individual Retirement Account (IRA). Only a surviving spouse can make this election. Please indicate your choice below. **(CHECK ONE)**

- Direct Rollover - Please submit a copy of your IRA Agreement. **(WIDOW ONLY)**
- Twenty percent (20%) will be withheld for federal income tax as mandatory under Code section 3405(c) if distribution is paid directly to the *applicant*. **(WIDOW ONLY)**
- If applicant is other than spouse, a Form 19a is required for tax withholding information. **(i.e. If benefit is going to a funeral home)**

I, _____, do hereby make application for the death benefit of _____ who was a member of the Oklahoma Firefighters Pension and Retirement System and served on the _____ Fire Department. The benefit shall be in the amount of \$5,000.00 as provided pursuant to Title 11, O.S., Section 49-113.2 and 49-100.1(16).

Deceased Member's SSN _____

Applicant's SSN _____
(If applicant is Guardian of minor child, use child's SSN)

Tax ID for Estate or Trust _____
(If applicable)

Dated this _____ day of _____, _____.

State of _____)
County of _____)ss.

Applicant's Signature **(Widow, Recipient, OR Funeral Home)**

Mailing Address

City State Zip

Phone

City Code _____

_____, 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 this _____ day of _____, _____.

My Commission Expires _____ Notary Public _____

If applicant is the Guardian of minor child(ren) or Conservator of mentally or handicapped child(ren), please list names and birthdates.

Name Birth Date Name Birth Date

If applicant is the Surviving Spouse of the deceased member, the following items must be submitted with application:

Copy of Marriage Certificate

Copy of Death Certificate of Member

If applicant is Designated Recipient of the deceased member, the following items must be submitted with application:

Copy of Death Certificate

Separate Tax Form for Designated Recipient (other than spouse) *Notarized Death

Benefit Recipient Form must be on file in pension office.

If applicant is Administrator of the Estate of the deceased member, the following items must be submitted with application:

Copy of Court Order appointing Executor of Estate Copy of

Death Certificate of Member

** Death Benefit does not apply to members who have elected a vested benefit.

** Form 13 (Application for Entrance Into the Pension System) must be on file in the State Pension Office in order for an individual to qualify for this benefit.