



OKLAHOMA LAW ENFORCEMENT
RETIREMENT SYSTEM

DROP Beneficiary Designation

Applicant Information

Applicant Name _____ Applicant SSN _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Email _____

I, _____ hereby designate the following as my beneficiary of the Deferred Option Plan ("DROP") benefit provided under Title 47, O.S. §2-305.2G, payable by the Oklahoma Law Enforcement Retirement System ("System").

Primary Beneficiary Designation

If you are married and you do not designate your spouse as your sole primary beneficiary, your spouse must agree in writing to your designation of a beneficiary other than your spouse. Your spouse's consent must be witnessed by a System representative or notary public. This can be completed on page 2 of this form.

- Name _____ SSN _____ Date of Birth _____ Relationship to Member _____

Address _____ % of Benefit* _____

City _____ State _____ Zip Code _____ Phone Number _____
- Name _____ SSN _____ Date of Birth _____ Relationship to Member _____

Address _____ % of Benefit* _____

City _____ State _____ Zip Code _____ Phone Number _____
- Name _____ SSN _____ Date of Birth _____ Relationship to Member _____

Address _____ % of Benefit* _____

City _____ State _____ Zip Code _____ Phone Number _____

*If more than one primary or contingent beneficiary is named without an indication of the percentage of benefit for each primary or contingent beneficiary, the System will assume they are to share equally.

OLERS USE ONLY

Data Entry _____ Reviewed _____

Applicant Name _____

Contingent Beneficiary Designation

1. _____
 Name SSN Date of Birth Relationship to Member

 Address % of Benefit*

 City State Zip Code Phone Number

2. _____
 Name SSN Date of Birth Relationship to Member

 Address % of Benefit*

 City State Zip Code Phone Number

3. _____
 Name SSN Date of Birth Relationship to Member

 Address % of Benefit*

 City State Zip Code Phone Number

*If more than one primary or contingent beneficiary is named without an indication of the percentage of benefit for each primary or contingent beneficiary, the System will assume they are to share equally.

Applicant Signature

Signed: _____ Date: _____
Signature of Applicant

Spousal Consent (Please complete if Spouse is NOT designated as the Primary Beneficiary)

I, the undersigned, as the spouse of the Member of the System who has made application above do hereby voluntarily consent to the waiver of the DROP death benefit. I acknowledge that I understand that (1) the effect of my consent may be to forfeit benefits that I would have been entitled to receive upon my spouse's death, and (2) after benefits have begun, my consent is irrevocable. I agree to release and discharge the System and its agents and employees, the Executive Director, the Oklahoma Law Enforcement Retirement System Board and the employing agency from all liability for acting pursuant to this consent.

Signed: _____ Printed Name: _____ Date: _____
Signature of Spouse

The Spouse stated above personally appeared before me and has attested that he/she has read this application, knows the contents thereof, and acknowledge to me that he/she executed this document as his/her free and voluntary act and deed, for the uses and purposes therein set forth.

Subscribed and sworn before me on _____ State of _____
Notary Signature _____ County of _____
Notary Title (and Rank) _____
My Commission Expires on _____
Commission # _____ (seal)

Submission Information

Completed form can be sent to OLERS via:
Mail: 421 N.W. 13th, Suite 100, Oklahoma City, OK 73103
Fax: (405) 522-5004
Email: forms@olers.ok.gov