



OKLAHOMA LAW ENFORCEMENT
RETIREMENT SYSTEM

Funeral Home - Death Benefit Beneficiary Application

I am the representative for the _____ Funeral Home who was listed as a beneficiary of _____, who died on _____, and I request distribution of the \$5,000.00 Death Benefit per Oklahoma Statute Title 47, Section 2-306.3.

Funeral Home Information (Death Certificate is require to process application)

Deceased Member Name _____ Deceased SSN _____

Funeral Home Name _____ Fed Tax ID # _____

Funeral Home Representative _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Cell Phone _____

Email _____

Important Tax Information and Election (If no election is made default taxes will be withheld)

A distribution from the Oklahoma Law Enforcement Retirement System has certain tax consequences which could be unfavorable in some situations. While the System has been approved by the Internal Revenue Service as a qualified plan, this approval in no way addresses the tax consequences of this System to any entity or person receiving a distribution

I understand I MUST COMPLETE AN IRS FORM W-4R and an Oklahoma W-4R.

Signature and Notary

Wherefore, the applicant hereby absolves the Board, the System and the Employer from any responsibility or liability as to the tax and other consequences of my election(s) indicated above.

Date _____

_____ Applicant's Signature

The Applicant stated above has attested that he/she has read this application, knows the contents thereof, and that the statements contained therein are true and correct.

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