

OKLAHOMA LAW ENFORCEMENT — RETIREMENT SYSTEM — DROP Beneficiary Designation

, abbi	licant Info	ormatio	า		
pplicant	Name			Applicant S	SSN
Ac	ddress				
	City			_	Zip Code
Home F	Phone				ne
	Email				
	Option Plan ent Retireme	("DROP")	benefit provided under	hereby designate the Title 47, O.S. §2-305.2G	following as my beneficiary of the , payable by the Oklahoma Law
you are m esignation	arried and yo of a benefici	ou do not de ary other th			our spouse must agree in writing to y sed by a System representative or
1. Na	ime		SSN	Date of Birth	Relationship to Member
Ad	dress				% of Benefit*
City	y		State	Zip Code	Phone Number
	-				
2. <u>Na</u>	ime	SSN	Date of Birth		Relationship to Member
Na	Ime	SSN	Date of Birth		Relationship to Member % of Benefit*
Na	dress	SSN	Date of Birth	Zip Code	
Na Ādo City 3.	dress	SSN		Zip Code	% of Benefit*
Na Ādo City 3. Na	ldress y		State	Zip Code	% of Benefit* Phone Number
Na Ādo City 3. Na Ādo City If more tha	dress y me dress y n one primar	SSN y or conting	State Date of Birth State	Zip Code ithout an indication of the pe	% of Benefit* Phone Number Relationship to Member
Na Ādo City 3. Na Ādo City If more than contingent b	dress y me dress y n one primar	SSN y or conting the System w	State Date of Birth State ent beneficiary is named w <i>v</i> ill assume they are to shar	Zip Code ithout an indication of the pe	% of Benefit* Phone Number Relationship to Member % of Benefit* Phone Number

Contingent Beneficiary Designation

1. 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	331	Date of Birtin	% of Benefit*
			% Of Benefit
City	State	Zip Code	Phone Number
ngent beneficiary, the Sys pplicant Signatu	tem will assume they are to share		
ngent beneficiary, the Sys pplicant Signatu	ire	equally.	
ed:Signature of Applicat	ire	Date:	the Primary Beneficiary
ngent beneficiary, the Sys pplicant Signatu ed: Signature of Applican pousal Consent (Pl undersigned, as the spous aiver of the DROP benefit. I have been entitled to rec to release and discharge	Ire	Date:	ove do hereby voluntarily conse sent may be to forfeit benefits th jun, my consent is irrevocable. ctor, the Oklahoma Law Enforce
ed: Signature of Applicant Signature of Applicant pousal Consent (Pl undersigned, as the spous aiver of the DROP benefit. thave been entitled to rec to release and discharge ement System Board and the	ITE at at at at at at at at at at	Date:	ove do hereby voluntarily conse sent may be to forfeit benefits th jun, my consent is irrevocable. ctor, the Oklahoma Law Enforce his consent.
ingent beneficiary, the System policant Signature signature of Applicant pousal Consent (PI undersigned, as the spouse vaiver of the DROP benefit. d have been entitled to rece to release and discharge ement System Board and the signature of Spouse Spouse stated above personers ents thereof, and acknowled	ITE Int Case complete if Spouse is the of the Member of the System wh I acknowledge that I understand t eive upon my spouse's death, and the System and its agents and emp the employing agency from all liabit Printed Name: Printed Name: Donally appeared before me and has dge to me that he/she executed th	Date: 5 NOT designated as o has made application abo hat (1) the effect of my cons (2) after benefits have beg ployees, the Executive Direc lity for acting pursuant to the s attested that he/she has r	ove do hereby voluntarily conse sent may be to forfeit benefits th jun, my consent is irrevocable. ctor, the Oklahoma Law Enforce his consent. Date: Date:
pplicant Signature of Applicant Signature of Applicant pousal Consent (Pl undersigned, as the spous aiver of the DROP benefit. thave been entitled to rece to release and discharge ement System Board and the ed: Signature of Spouse Spouse stated above person ints thereof, and acknowled and purposes therein set thereof	ITE Int Case complete if Spouse is the of the Member of the System wh I acknowledge that I understand t eive upon my spouse's death, and the System and its agents and emp the employing agency from all liabit Printed Name: Printed Name: Donally appeared before me and has dge to me that he/she executed th	Date:	ove do hereby voluntarily conse sent may be to forfeit benefits th jun, my consent is irrevocable. ctor, the Oklahoma Law Enforce his consent. Date: Date: ead this application, knows the and voluntary act and deed, for
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Completed form can be sent to OLERS via: Mail: 421 N.W. 13th, Suite 100, Oklahoma City, OK 73103 Fax: (405) 522-5004 Email: <u>forms@olers.ok.gov</u>