

## OKLAHOMA LAW ENFORCEMENT

## — RETIREMENT SYSTEM ——

## **DROP Beneficiary Designation**

A	pplicant I	Information					
Applica	ant Name				Applican	nt SSN	
	Address						
	City				State	Zip Code	
Hom	ne Phone					hone	
	Email						
Deferre Enforce	I, ed Option P ement Retire	Plan ("DROP") b ement System ("	enefit provided 'System").	under T	hereby designate the designation of the desi	the following as my beneficiary of the .2G, payable by the Oklahoma Law	
Pri	mary Be	neficiary [	Designation	n			
designa	ation of a bene public. This c	eficiary other than	n your spouse. Yo on page 2 of this f	our spouse form.		ry, your spouse must agree in writing to you tnessed by a System representative or	ur
••	Name		S	SSN	Date of Birt	th Relationship to Member	
	Address					% of Benefit*	
	City		S	State	Zip Code	Phone Number	
2.	Name	SSN	Date of Birth			Relationship to Member	
	Address					% of Benefit*	
	City		S	State	Zip Code	Phone Number	
3.	Name	SSN	Date of Birth			Relationship to Member	
	Address					% of Benefit*	
						Phone Number percentage of benefit for each primary or	
C	DLERS L	JSE ONLY					
			Data Entry		Reviewed		

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
Name		33N	Date of Biltin	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
ed:			Date:	
ed: Signature of	Applicant		<u>D</u> ate:	<del></del>
Signature of		olete if Spouse is		the Primary Beneficiary
Signature of pousal Conse undersigned, as the valver of the DROF d have been entitle to release and di	ent (Please comp he spouse of the Meml benefit. I acknowledged to receive upon my scharge the System ar	per of the System wh ge that I understand the spouse's death, and and its agents and emp	o has made application about (1) the effect of my cons (2) after benefits have beg	ove do hereby voluntarily conse ent may be to forfeit benefits th un, my consent is irrevocable. etor, the Oklahoma Law Enforce
Signature of pousal Consummersigned, as the property of the DROF department by the property of	ent (Please comp he spouse of the Meml benefit. I acknowledged to receive upon my scharge the System ar ard and the employing	per of the System wh ge that I understand t spouse's death, and and its agents and emp agency from all liabi	o has made application about (1) the effect of my cons (2) after benefits have begoloyees, the Executive Directity for acting pursuant to the	ove do hereby voluntarily conse ent may be to forfeit benefits th un, my consent is irrevocable. etor, the Oklahoma Law Enforce is consent.
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Signature of Signa	ent (Please composition)  he spouse of the Membor benefit. I acknowledged to receive upon my scharge the System are and and the employing spouse ove personally appeared coknowledge to me that rein set forth.	per of the System where that I understand to spouse's death, and its agents and empagency from all liabit Printed Name:  ed before me and has the/she executed this	o has made application about (1) the effect of my cons (2) after benefits have begoloyees, the Executive Directlity for acting pursuant to the statested that he/she has restricted as document as his/her free	ove do hereby voluntarily consert may be to forfeit benefits the consent is irrevocable. Stor, the Oklahoma Law Enforce is consent.  Date: Date:
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Spousal Consider undersigned, as the waiver of the DROF and have been entitled to release and difference to release and difference Signature of Section 2 Spouse stated about the state of	ent (Please composition)  he spouse of the Membor benefit. I acknowledged to receive upon my scharge the System around and the employing  Spouse  ove personally appeare cknowledge to me that rein set forth.  The before me on	per of the System where that I understand to spouse's death, and its agents and empagency from all liabit.  Printed Name:  ed before me and has the/she executed this	o has made application about (1) the effect of my cons (2) after benefits have begoloyees, the Executive Directlity for acting pursuant to the statested that he/she has restricted as document as his/her free	ove do hereby voluntarily consert may be to forfeit benefits thun, my consent is irrevocable.  Stor, the Oklahoma Law Enforce is consent.  Date:  and this application, knows the and voluntary act and deed, fo

## **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: <u>forms@olers.ok.gov</u>