



OKLAHOMA LAW ENFORCEMENT
— RETIREMENT SYSTEM —

Death Benefit Beneficiary Application

I, _____, am a beneficiary of _____, who died on _____, request distribution of the \$5,000.00 Death Benefit per Oklahoma Statute Title 47, Section 2-306.3.

Applicant Information

Deceased Member Name _____ Deceased SSN _____
Applicant Name _____ Applicant SSN _____
Relationship to Deceased Member _____ Birth Date _____
Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Cell Phone _____
Email _____

Citizenship Information

All Natural persons fourteen (14) years of age or older and present in the United States, applying for retirement benefits from the Oklahoma Law Enforcement Retirement System are required, by the Oklahoma Indigent Health Care Act (56 O.S. Supp. 2007 § 71), to provide verification of lawful presence in the United States by executing an Affidavit below before a notary public or other officer authorized to notarize affidavits under State law. Please check one of the applicable boxes below.

The applicant named above is of lawful age, being first duly sworn upon oath states under penalty of perjury, as follows: (Check one)

- I am a United States citizen.
- I am a qualified alien under the Federal Immigration and Nationality Act and I am lawfully present in the United States.

Death Benefit - Important Tax Information

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 individual member of the System.

The System, the OLERS Board and the Employer are not responsible for any tax consequences to the member that result from the member receiving a distribution from the System. We strongly recommend that a member who will receive a distribution seek the advice of a competent professional tax advisor regarding the potential tax consequences of the distribution.

Payment of Death Benefit - Election

I elect the following: **(Select One)**

Rollover of the Death Benefit (Complete Rollover Section Below)

Direct Payment to Me of Death Benefit (Complete Direct Payment to Me Section Below)

OLERS USE ONLY

Admin _____ Data _____
Actions _____ Entry _____ Reviewed _____ Approved _____

Applicant Name _____

Rollover

I hereby represent that the named plan is a traditional IRA or eligible employer plan. I understand that if I elect this direct rollover option my distribution will be made out in the name of the new trustee or custodian.

Name of Trustee/Custodian _____

Name of Employer Plan/Traditional IRA _____

IRA Account Number _____

Address of Trustee/Custodian(no PO Box) _____

City _____ State _____ Zip Code _____

Contact Person _____ Contact Phone _____

Direct Payment to Me

I hereby instruct the System to pay directly to me by direct deposit or check the amount indicated above. I understand that, in accordance with federal law **I MUST COMPLETE IRS FORM W-4R** and at least twenty percent (20%) of the taxable portion of my distribution will be withheld toward payment of my federal income taxes and if I wish to have Oklahoma State taxes withheld **I MUST COMPLETE OK FORM W-4R**.

Direct Deposit Information

Bank Name _____ Bank Phone _____

Bank _____

Address City _____ State _____ Zip Code _____

Checking Account Savings Account (Please contact your bank for the routing and acct numbers.)

Account Number _____ Routing Number _____

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

Oklahoma Tax Commission

Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions

This certificate is for income tax withholding purposes only. Type or print.

NOTE: Do NOT mail to the Oklahoma Tax Commission.

Your First Name and Middle Initial:	Last Name:	Your Social Security Number:
Home Address (Number and Street or Rural Route):		
City or Town:	State:	ZIP Code:

General Information Complete Form OK-W-4-R to have payers withhold the correct amount of state income tax from your nonperiodic payment or eligible rollover distribution from an employer retirement plan, annuity, or IRA. For nonperiodic payments, the default rate is the top marginal income tax rate of 4.75%. Form OK-W-4-R should not be used for periodic payments (payments made in installments at regular intervals over a period of more than one year). Instead, use Withholding Certificate for Periodic Pension or Annuity Payments Form OK-W-4-P for such payments or distributions.

Do you want to withhold state income tax from your nonperiodic payment or eligible rollover distribution? <input type="checkbox"/> Yes <input type="checkbox"/> No Check the "No" box if you do not want any state income tax withheld. If you check the "Yes" box, state income tax will be withheld at the default rate (See General Information).

Employee's Signature (Form is not valid without signature):	Date (MM/DD/YYYY):
---	--------------------

Item to Remember:

Certain retirement benefits may be excluded from Oklahoma adjusted gross income (see Oklahoma Resident Income Tax Return Form 511 Schedule 511-A instructions for details). To be eligible, you must have retirement income in your name.

DEATH BENEFIT

Form **W-4R**

Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

Give Form W-4R to the payer of your retirement payments.

2025

1a First name and middle initial	Last name	1b Social security number
---	-----------	----------------------------------

Address _____

City or town, state, and ZIP code _____

Your withholding rate is determined by the type of payment you will receive.

- For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100% on line 2. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its territories.
- For an eligible rollover distribution, the default withholding rate is 20%. You can choose a rate greater than 20% by entering the rate on line 2. You may not choose a rate less than 20%.

See page 2 for more information.

2 Complete this line if you would like a rate of withholding that is different from the default withholding rate. See the instructions on page 2 and the Marginal Rate Tables below for additional information. Enter the rate as a whole number (no decimals)	2	%
---	----------	---

Sign Here	Your signature (This form is not valid unless you sign it.) _____	Date _____
------------------	--	-------------------

General Instructions

Section references are to the Internal Revenue Code.

Future developments. For the latest information about any future developments related to Form W-4R, such as legislation enacted after it was published, go to www.irs.gov/FormW4R.

Purpose of form. Complete Form W-4R to have payers withhold the correct amount of federal income tax from your nonperiodic payment or eligible rollover distribution from an employer retirement plan, annuity (including a commercial annuity), or individual retirement arrangement (IRA). See page 2 for the rules and options that are available for each type of payment. Don't use Form W-4R for periodic payments (payments made in installments at regular

intervals over a period of more than 1 year) from these plans or arrangements. Instead, use Form W-4P, Withholding Certificate for Periodic Pension or Annuity Payments. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. Your withholding choice (or an election not to have withholding on a nonperiodic payment) will generally apply to any future payment from the same plan or IRA. Submit a new Form W-4R if you want to change your election.

2025 Marginal Rate Tables

You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See page 2 for more information on how to use this table.

Single or Married filing separately		Married filing jointly or Qualifying surviving spouse		Head of household	
Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more
\$0	0%	\$0	0%	\$0	0%
15,000	10%	30,000	10%	22,500	10%
26,925	12%	53,850	12%	39,500	12%
63,475	22%	126,950	22%	87,350	22%
118,350	24%	236,700	24%	125,850	24%
212,300	32%	424,600	32%	219,800	32%
265,525	35%	531,050	35%	273,000	35%
641,350*	37%	781,600	37%	648,850	37%

*If married filing separately, use \$390,800 instead for this 37% rate.

General Instructions (continued)

Nonperiodic payments—10% withholding. Your payer must withhold at a default 10% rate from the taxable amount of nonperiodic payments **unless** you enter a different rate on line 2. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. Note that the default rate of withholding may not be appropriate for your tax situation. You may choose to have no federal income tax withheld by entering “-0-” on line 2. See the specific instructions below for more information. Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including “-0-”) on any payments to be delivered outside the United States and its territories.

Note: If you don’t give Form W-4R to your payer, you don’t provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer must withhold 10% of the payment for federal income tax and can’t honor requests to have a lower (or no) amount withheld. Generally, for payments that began before 2025, your current withholding election (or your default rate) remains in effect unless you submit a Form W-4R.

Eligible rollover distributions—20% withholding. Distributions you receive from qualified retirement plans (for example, 401(k) plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over to an IRA or qualified plan are subject to a 20% default rate of withholding on the taxable amount of the distribution. You can’t choose withholding at a rate of less than 20% (including “-0-”). Note that the default rate of withholding may be too low for your tax situation. You may choose to enter a rate higher than 20% on line 2. Don’t give Form W-4R to your payer unless you want more than 20% withheld.

Note that the following payments are **not** eligible rollover distributions for purposes of these withholding rules:

- Qualifying “hardship” distributions;
- Distributions required by federal law, such as required minimum distributions;
- Distributions from a pension-linked emergency savings account;
- Eligible distributions to a domestic abuse victim;
- Qualified disaster recovery distributions;
- Qualified birth or adoption distributions; and
- Emergency personal expense distributions.

See Pub. 505 for details. See also *Nonperiodic payments—10% withholding* above.

Payments to nonresident aliens and foreign estates. Do not use Form W-4R. See Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*, and Pub. 519, *U.S. Tax Guide for Aliens*, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, enter “-0-” on line 2. See Pub. 3920, *Tax Relief for Victims of Terrorist Attacks*, for more details.

Specific Instructions

Line 1b

For an estate, enter the estate’s employer identification number (EIN) in the area reserved for “Social security number.”

Line 2

More withholding. If you want more than the default rate withheld from your payment, you may enter a higher rate on line 2.

Less withholding (nonperiodic payments only). If permitted, you may enter a lower rate on line 2 (including “-0-”) if you want less than the 10% default rate withheld from your payment. If you have already paid, or plan to pay, your tax on this payment through other withholding or estimated tax payments, you may want to enter “-0-”.

Suggestion for determining withholding. Consider using the Marginal Rate Tables on page 1 to help you select the appropriate withholding rate for this payment or distribution. The tables are most accurate if the appropriate amount of tax on all other sources of income, deductions, and credits has been paid through other withholding or estimated tax payments. If the appropriate amount of tax on those sources of income has not been paid through other withholding or estimated tax payments, you can pay that tax through withholding on this payment by entering a rate that is greater than the rate in the Marginal Rate Tables.

The marginal tax rate is the rate of tax on each additional dollar of income you receive above a particular amount of income. You can use the table for your filing status as a guide to find a rate of withholding for amounts above the total income level in the table.

To determine the appropriate rate of withholding from the table, do the following. Step 1: Find the rate that corresponds with your total income not including the payment. Step 2: Add your total income and the taxable amount of the payment and find the corresponding rate.

If these two rates are the same, enter that rate on line 2. (See *Example 1* below.)

If the two rates differ, multiply (a) the amount in the lower rate bracket by the rate for that bracket, and (b) the amount in the higher rate bracket by the rate for that bracket. Add these two numbers; this is the expected tax for this payment. To get the rate to have withheld, divide this amount by the taxable amount of the payment. Round up to the next whole number and enter that rate on line 2. (See *Example 2* below.)

If you prefer a simpler approach (but one that may lead to overwithholding), find the rate that corresponds to your total income including the payment and enter that rate on line 2.

Examples. Assume the following facts for *Examples 1* and *2*. Your filing status is single. You expect the taxable amount of your payment to be \$20,000. Appropriate amounts have been withheld for all other sources of income and any deductions or credits.

Example 1. You expect your total income to be \$65,000 without the payment. Step 1: Because your total income without the payment, \$65,000, is greater than \$63,475 but less than \$118,350, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$85,000, is greater than \$63,475 but less than \$118,350, the corresponding rate is 22%. Because these two rates are the same, enter “22” on line 2.

Example 2. You expect your total income to be \$61,000 without the payment. Step 1: Because your total income without the payment, \$61,000, is greater than \$26,925 but less than \$63,475, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$81,000, is

greater than \$63,475 but less than \$118,350, the corresponding rate is 22%. The two rates differ. \$2,475 of the \$20,000 payment is in the lower bracket (\$63,475 less your total income of \$61,000 without the payment), and \$17,525 is in the higher bracket (\$20,000 less the \$2,475 that is in the lower bracket). Multiply \$2,475 by 12% to get \$297. Multiply \$17,525 by 22% to get \$3,856. The sum of these two amounts is \$4,153. This is the estimated tax on your payment. This amount corresponds to 21% of the \$20,000 payment (\$4,153 divided by \$20,000). Enter "21" on line 2.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request additional federal income tax withholding from your nonperiodic payment(s) or eligible rollover distribution(s); (b) choose not to have federal income tax withheld from your nonperiodic payment(s), when permitted; or (c) change a previous Form W-4R (or a previous Form W-4P that you completed with respect to your nonperiodic payments or eligible rollover distributions). To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s).

Failure to provide a properly completed form will result in your payment(s) being subject to the default rate; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.