



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 required 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

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 declare that I want NO federal or state taxes withheld. (If box is not checked please complete IRS W-4R & OK 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