



OKLAHOMA LAW ENFORCEMENT  
— RETIREMENT SYSTEM —

# Qualified Death Benefit Disclaimer

I, \_\_\_\_\_, am a beneficiary of \_\_\_\_\_,  
who died on \_\_\_\_\_, hereby disclaim all rights to the death benefit provided for in Title 47 O.S.  
Section 2-306.3.

It is my understanding that the death benefit will be paid to \_\_\_\_\_, which has  
or will provide funeral and burial services for the deceased member or, if the cost of the funeral and burial services for the  
deceased member has already been paid, to the person or persons other than myself as further provided for by law.

This disclaimer must be submitted to OLERS no later than nine months after the death of the member.

## Original Beneficiary Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

## 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](mailto:forms@olers.ok.gov)