

NOTICE OF TRANSFER TO ANOTHER MUNICIPALITY

Name _____ Social Security No. _____

Address _____

Current Employer _____

Employer after Transfer _____

Effective Date of Transfer _____

I hereby give notice of my transfer from this Plan as stipulated above, and understand that my participation in this Plan will cease and that I will be subject to the following rules relating to this Plan and my rights and benefits hereunder:

Rule 1. If I am eligible for a pension under this Plan as of the date of my transfer, such transfer will be treated as my retirement and I will be entitled to my pension. I understand that if I am covered by another retirement plan in the Oklahoma Municipal Retirement Fund, I can apply my vesting credit under this Plan towards the vesting credit in that plan following my transfer; or

Rule 2. If I am not eligible for a pension under this Plan as of the date of my transfer, my contribution accumulation (if any) will remain in the Fund. If, immediately upon such transfer (within 90 days), I am covered by another retirement plan in the Oklahoma Municipal Retirement Fund, I will continue to accrue vesting credit under this Plan, but I will not be entitled to additional benefit credit under this Plan. Upon meeting such eligibility requirements for benefits under this Plan by accumulating sufficient vesting credit under one or more OkMRF plans, I or my beneficiaries will be entitled to such benefits.

Date

Participant's Signature

Regarding the transferred Participant, the following rule applies:

- () Rule 1 applies and he/she will complete the necessary retirement application forms; or
- () Rule 2 and he/she will NOT be requesting a contribution refund at this time.

Date

BY: _____
Authorized Agent for the Retirement Committee

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