



New Participant  Change of Record  (to be used for changing a name or beneficiary information)

**PERSONAL INFORMATION** (Please print clearly using black or blue ink)

**NAME OF PLAN:** (Employer) \_\_\_\_\_

**NAME:** \_\_\_\_\_  
 (First) (Middle) (Last) (Suffix)

If this is a name change, print the prior name(s) of record: \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_ **GENDER:** \_\_\_\_\_

**HIRE DATE:** \_\_\_\_\_ **SERVICE CREDIT DATE:** \_\_\_\_\_

**PRIMARY PHONE:** \_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_  
 (PO Box or Number and Street) (City, State and Zip Code)

**NEW/RETURNING PARTICIPANTS**

I do hereby participate in the Plan as of Service Credit Date stated above. I agree to all the terms and provisions thereof as presently constituted or as they may hereafter be amended and to any rules and regulations pertaining to the Plan that may be made from time to time by the Retirement Committee. My Employer is hereby authorized to deduct from my compensation such amounts at such times as the Plan may require.

**PRIOR SERVICE:** Have you been employed by another Municipality covered under OkMRF?  No  Yes

If yes, give Municipality name: \_\_\_\_\_ and dates of employment: \_\_\_\_\_

**BENEFICIARY DESIGNATION**

**NEW PARTICIPANTS:** I hereby designate the following as my beneficiaries under the Defined Benefit Plan, but I reserve the right to change such designation at any time.

**BENEFICIARY CHANGE:** I hereby revoke and cancel all beneficiary designations heretofore made by me under the Defined Benefit Plan, and I hereby designate the following as my beneficiaries:

**PRIMARY BENEFICIARY(IES) \***

Full Name and Mailing Address	Social Security Number	Date of Birth	Relationship	% of Benefit
1 _____ _____ _____	_____	_____ MM/DD/YYYY	_____	_____%
2 _____ _____ _____	_____	_____ MM/DD/YYYY	_____	_____%
3 _____ _____ _____	_____	_____ MM/DD/YYYY	_____	_____%
4 _____ _____ _____	_____	_____ MM/DD/YYYY	_____	_____%

\* This Designation is subject to the General Provisions on the reverse. If your spouse is not listed as Primary Beneficiary, make note of #8 of the General Provisions on the reverse side. \_\_\_\_\_%

**CONTINGENT BENEFICIARY(IES) \***

Full Name and Mailing Address	Social Security Number	Date of Birth	Relationship	% of Benefit
1 _____ _____ _____	_____	_____ MM/DD/YYYY	_____	_____ %
2 _____ _____ _____	_____	_____ MM/DD/YYYY	_____	_____ %
3 _____ _____ _____	_____	_____ MM/DD/YYYY	_____	_____ %
4 _____ _____ _____	_____	_____ MM/DD/YYYY	_____	_____ %
* This Designation is subject to the General Provisions below. In the event no primary beneficiary(ies) survives to receive the death benefit, it shall be payable to the above contingent beneficiary(ies) according to the terms of the plan.				_____ %

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Signature

In view of this agreement, the forenamed employee is hereby designated as a participant in the Retirement Plan.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Agent for the Retirement Committee

**GENERAL PROVISIONS**

1. You may designate a primary beneficiary or beneficiaries and, in addition, may name a contingent beneficiary or beneficiaries to receive any benefit that may become payable under the Plan by reason of your death.
2. If you designate more than one beneficiary, each shall share equally unless you specify a different allocation or preference. The allocation among beneficiaries must total 100%.
3. Such designation may be revoked or changed at any time and from time to time without notice to any beneficiary and shall not be effective unless and until filed with the Authorized Agent.
4. If you fail to designate a beneficiary, or if no designated beneficiary survives you, the Death Benefit shall be paid to your spouse, if living, or otherwise, to your estate.
5. Neither your Employer, the Trustees or the Fund shall be named as beneficiary.
6. You cannot designate a minor child (under age 18) as a beneficiary.
7. It is your responsibility to change beneficiaries if you have a life changing event such as marriage, divorce or a death of a beneficiary.
8. **If you are a vested** Employee at the time of your death, your spouse may be eligible for a Spouse's Pension under the terms of the Plan. A Spouse's Pension will be paid in lieu of any payment to a designated beneficiary. If you are no longer an active Employee, refer to the terms of the Plan regarding Death Benefits payable after termination of employment or during retirement.
9. If your primary beneficiary dies after he/she begins receiving the payments, any remaining payments will go to the estate of the primary beneficiary. Your contingent beneficiary will not receive the remaining benefits. Your contingent beneficiary will only receive the remaining certain payments if your primary beneficiary is deceased at the time of your death.
10. If your pension plan includes a Hybrid Option, you may submit a separate beneficiary form for your hybrid account, if desired.
11. Under Oklahoma law, if at the time of your death you are divorced from the spouse named as beneficiary, the beneficiary designation is revoked. Annulment of the marriage shall have the same effect as divorce. Benefits would then be paid to the remaining named beneficiary(ies). **There are exceptions to this rule as set forth in 15 Oklahoma Statutes Section 178. If you have questions about this rule you should seek legal advice.**