

DECEASED INFORMATION (Please print clearly using black or blue ink)

NAME OF PLAN: *(Employer)* _____

NAME: _____
(First) (Middle) (Last) (Suffix)

SOCIAL SECURITY NUMBER: _____ **DATE OF DEATH*:** _____
*Death Certificate Required

PRIOR SERVICE: Has the deceased been employed by another Municipality covered under OkMRF? No Yes

If yes, give Municipality name(s): _____

APPLICANT INFORMATION

I hereby apply for death benefits, if any, payable in accordance with the provisions of the Retirement Plan. For the purpose of processing the Death Benefit, I submit the following:

NAME: _____
(First) (Middle) (Last) (Suffix)

SOCIAL SECURITY NUMBER: _____ **DATE OF BIRTH:** _____

RELATIONSHIP TO DECEASED: _____ **PRIMARY PHONE:** _____

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

If applicant is the spouse and not legally separated from the deceased, **DATE OF MARRIAGE*:** _____

*Include copy of Marriage Certificate

DESIGNATION OF PAYMENT (Check ONE of the following)

- ACTIVATION OF JOINT & SURVIVOR (J&S) BENEFIT AS ELECTED ON FORM 4.20**
- SPOUSE'S MONTHLY PENSION PAYABLE FOR LIFE OR UNTIL REMARRIAGE**
Application for a Death Benefit on a vested active Participant not legally separated from the surviving spouse, or as a Death Benefit for a Retiree who has not yet begun benefit payments.
- MONTHLY PENSION PAYABLE FOR REMAINING CERTAIN PERIOD, NO J&S OPTION**
Applicable for a Death Benefit to a:
 1. Spouse on a retired Participant in pay status who did not choose a J&S option; or
 2. Non-spouse beneficiary(ies) on a vested active, retired or deferred vested Participant
- CONTRIBUTION REFUND** Payable for Death Benefit on a Participant who was not vested.
- LUMP SUM** If allowed in the plan, payable for Death Benefits on Participants who were:
 1. Active and vested but not married; or
 2. Retired and within the Period Certain (guaranteed number of payments) and did not elect a J&S Option.

AUTHORIZATION (Applicant must complete and sign **both** sides of this form in order to receive payment)

I hereby certify and warrant that, to the best of my knowledge and belief, the foregoing information is true and correct and that no material fact has been concealed or omitted.

Date

Signature of Applicant

1. I have confirmed the applicant is the **designated beneficiary** for the Deceased Participant named above.
2. The above-named applicant has received a copy of the **Special Tax Notice** regarding plan payments.
3. The above-named applicant is **approved**.

Date

Authorized Agent for Retirement Committee

Must be completed by Employer prior to submitting to OkMRF

Deceased Hire Date: _____ Service Credit Date: _____ Date of Birth: _____

Status: Terminated. If so, provide Date of Termination: _____

Active. If so, provide the final payroll contribution: \$ _____ for payroll ending _____

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

NAME OF PLAN: (Employer) _____

NAME: _____ SOCIAL SECURITY NUMBER: _____

WITHHOLDING ELECTION (Complete Section "A" or "B" Below)

SECTION A. RECURRING PAYMENTS – Federal and State Income Tax Withholding

As a benefit recipient, the following withholding alternatives are available to you.

OPTION 1: You may specify that you do not want any federal or state income tax deducted from your benefit.

OPTION 2: You may elect the "Allowances Claimed" section and complete the marital status and number of allowances which will require the OkMRF system to determine the amount, **if any**, which must be withheld based on federal and state withholding tables. If elected, the tax withholdings may or may not meet your required amounts. You may select to withhold an additional percentage or flat rate in addition to the IRS' tax withholding tables.

In requesting the distribution of my funds from OkMRF, I designate the following election: (check ONE)

OPTION 1 I elect **not** to have Federal or State income tax withheld

OPTION 2 I wish to have OkMRF withhold from my monthly benefit the amount of federal and state income tax as determined in accordance with withholding tax table and the allowances claimed below:

Single Married Married – but withhold at higher single rate

_____ Number of withholding allowances/exemptions you want to claim. (if blank OkMRF will assume 0)

Withhold an extra _____% or \$_____ in State tax Withhold an extra _____% or \$_____ in Federal tax

If you do not select a Tax Withholding Election by choosing option 1 or 2 above, we are required by law to assume that you are married and are claiming 3 (three) allowances. We will automatically withhold federal and state income tax if your payment is large enough to require withholdings.

SECTION B. ONE-TIME PAYMENTS – Federal and State Income Tax Withholding

When receiving a total distribution from OkMRF, you may receive the payment in one of two methods.

OPTION 1: The distribution can be made payable to you directly, in which case a mandatory 20% Federal tax and 5% Oklahoma state tax withholding will occur. (The mandatory tax withholding only applies to the taxable portion of your distribution if greater than \$200.)

OPTION 2: You can direct OkMRF to roll over the distribution into an IRA or other qualified plan without taxes being withheld. You will receive the non-taxable portion of the distribution payable to you even if you direct the taxable portion to a qualified IRA. Rollover checks will be payable to the rollover entity "For the Benefit of" and then your name. All distributions are mailed directly to your address of record.

In requesting the distribution of my funds from OkMRF, I designate the following method of payment: (check ONE)

OPTION 1 **I WANT THE CHECK(S) MADE PAYABLE TO ME.** I am aware of the mandatory 20% Federal and 5% Oklahoma withholding* on the taxable portion of my distribution.

*(Withholding rate is 5% and is subject to change based on Oklahoma State withholding tables.)

If you've made a permanent move into a new state during the tax year, you may have to file two part-year state tax returns. You may wish to consult with a professional tax advisor before taking a payment from the Plan.

OPTION 2 **I WANT A DIRECT ROLLOVER TO A TRADITIONAL IRA.** (You must submit a copy of your IRA agreement for a direct rollover.)

OPTION 3 **I WANT A DIRECT ROLLOVER TO A QUALIFIED PLAN.** (You must submit a copy of a recent participant statement and the Plan's contact information.)

I have reviewed the information above and hereby submit this statement of preference regarding how my benefit distribution is to be treated for purposes of federal and state income tax withholding.

Date

Participant's Signature