



Oklahoma Firefighters Pension and Retirement System

6601 Broadway Ext., Suite 100
Oklahoma City, Oklahoma 73116-8214
1-800-525-7461 · (405) 522-4600 · Fax (405) 522-4643

www.ok.gov/fprs



QUALIFIED DISCLAIMER

Deceased Member's SSN

Fire Department

I, _____,
(Applicant's Printed Name) (Relationship to Deceased Firefighter)

of deceased firefighter _____,
(Firefighters Printed Name) hereby disclaim all rights to the death benefit

provided for in O.S. Section 49-113.2.

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 the pension office no later than nine months after the death of the firefighter.

Applicant's Signature (widow or beneficiary)

Mailing Address

City State Zip Code

Phone Number

State of _____)
County of _____)SS

_____, first being duly sworn on oath deposed and says that he/she is the applicant
above named that he/she has read the within and foregoing disclaimer, knows the contents thereof, and that the
statement contained therein are true and correct.

Subscribed and sworn to before me _____ day of _____, _____.

My commission expires _____ Notary Public _____