



# 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



## DESIGNATION OF RECIPIENT FOR \$5,000 DEATH BENEFITS

NAME \_\_\_\_\_ SSN \_\_\_\_\_  
FIRE DEPT. \_\_\_\_\_ ACTIVE \_\_\_\_\_ RETIRED \_\_\_\_\_  
COUNTY \_\_\_\_\_ DATE \_\_\_\_\_

**State Law provides the eligible spouse will receive the death benefit before any primary or contingent recipient is considered. List your spouse as primary recipient only if you have been married less than 30 months and wish to make her a recipient.**

**SECTION 1. PRIMARY RECIPIENT OR RECIPIENTS:** If more than one recipient is named in this section, the interest of all recipients shall be equal. Upon death of any designated *primary* recipient, his/her interest shall pass to the remaining *primary* recipient in equal shares.

1. I hereby designate \_\_\_\_\_  
First Name Middle Name Last Name Birthday

Relationship Mailing Address City State Zip Phone

2. I hereby designate \_\_\_\_\_  
First Name Middle Name Last Name Birthday

Relationship Mailing Address City State Zip Phone

3. I hereby designate \_\_\_\_\_  
First Name Middle Name Last Name Birthday

Relationship Mailing Address City State Zip Phone

as many primary recipient(s) if living, or in the event of prior death of all the primary recipients, then payment is to be made to the contingent recipient(s) in Section 2.

**SECTION 2. CONTINGENT RECIPIENT OR RECIPIENTS:** Payment will be made to *contingent* recipients if all *primary* recipients are deceased. If more than one *contingent* recipient is named, payment will be made in equal shares. Upon the death of a *contingent* recipient, his/her interest shall pass to the remaining *contingent* recipient in equal shares.

1. I hereby designate \_\_\_\_\_  
First Name Middle Name Last Name Birthday

Relationship Mailing Address City State Zip Phone

2. I hereby designate \_\_\_\_\_  
First Name Middle Name Last Name Birthday

Relationship Mailing Address City State Zip Phone

3. I hereby designate \_\_\_\_\_  
First Name Middle Name Last Name Birthday

Relationship Mailing Address City State Zip Phone

as my *contingent* recipient(s) to receive the amount as set forth in the Oklahoma Firefighters Pension and Retirement System in the event of my death. *Contingent* recipients do not share in the amount due if any of the *primary* recipients are living at my death.

**PRIMARY RECIPIENT:** The *primary* recipient is the sole recipient if living at the time of the member's death.

**CONTINGENT RECIPIENT:** The contingent *recipient* is the recipient if all *primary* recipients are deceased.

**MINOR RECIPIENT:** In the event a minor child is designated as recipient, under the provisions of Oklahoma law it will be necessary that a guardian (if other than the natural parent) be appointed by the court before payments are made

**REVOKING PREVIOUS DESIGNATION OF RECIPIENT:** By this election, I hereby revoke all other and former designations made by me and expressly reserve the right to make other and further changes at any time I may elect. If there is no designated recipient living at the time of my death, any amounts due me shall be paid as provided by the Oklahoma Firefighters Pension and Retirement System Law.

State of \_\_\_\_\_ )

County of \_\_\_\_\_ )

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_, first being duly sworn on oath deposed and says that he/she is the Applicant above named, that he/she read the within and foregoing application, knows the contents thereof, and that the statements contained therein are true and correct.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

My commission expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public