



OKLAHOMA FIREFIGHTERS PENSION AND RETIREMENT SYSTEM

6601 Broadway Ext., Suite 100
Oklahoma City, Oklahoma 73116-8214
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www.ok.gov/fprs



APPLICATION FOR QDRO REFUND OF CONTRIBUTION

I, _____, hereby make application for Refund of Contribution paid by my ex-spouse to the Oklahoma Firefighters Pension and Retirement System.

Applicant's SSN: _____ Applicant's Address: _____
Firefighter's Name: _____ City, State, & Zip: _____
Firefighter's SSN: _____ Phone: _____

The IRS requires that you receive a Safe Harbor Special Tax Notice at least 30 days before payment of your distribution. The Safe Harbor Special Tax Notice is posted on the website listed above for you to access or you may request the Safe Harbor Special Tax Notice be sent by e-mail, or on a written paper document, which document will be provided to you at no charge. **However, the 30 day notice requirement may be waived by checking the box that follows.**

1. **WAIVER OF 30-DAY NOTICE** I hereby affirmatively elect to waive any applicable notice requirement.

By signing this form you have affirmatively consented to access the required Safe Harbor Special Tax Notice posted on the website listed above or that you have requested to receive a copy from the System by mail or email, and you acknowledge that you have the effective ability to access and will read or have read the Safe Harbor Special Tax Notice.

2. **DIRECT ROLLOVER**

I hereby represent that the direct rollover is to a:

Traditional IRA Roth IRA 401(a) Plan (includes 401(k) Plan) 403(a) Plan

457(b) Plan (that separately accounts for rollovers)

I understand that if I elect the *direct rollover* option, my distribution will be made out in the name of the new trustee or custodian. To the best of my knowledge and belief, the recipient institution is the type of financial institution that will accept the direct rollover.

Make payment to the trustee or custodian of the receiving plan, IRA or Roth IRA at the following address:

Name of Trustee or Custodian: _____

Name of Employer Plan, IRA or Roth IRA: _____

Address of new Trustee or Custodian: _____

Plan Number (if applicable): _____

Contact Person: _____ Phone: _____

3. **ISSUE PAYMENT TO ME FOR BALANCE NOT DIRECTLY ROLLED OVER**

I hereby instruct the System to pay me for the balance not directly rolled over. I understand that, in accordance with federal law, twenty percent (20%) of the taxable portion of my distribution which is not *directly rolled over* will be withheld toward payment of my federal income taxes. I may also be subject to tax penalties under the estimated tax payment rules if payments of estimated tax and withholding, if any, are not adequate.

I also understand that if I am an Oklahoma resident at the time of the distribution, Oklahoma law requires that five percent (5%) of the taxable portion of my distribution be withheld toward payment of my Oklahoma income taxes, unless I elect not to have any withholding. I understand that even if I elect not to have state income tax withheld, I am liable for payment of state income tax on the taxable portion of the balance not rolled over.

Do you wish to have Oklahoma state tax withheld? Yes No

Applicant's Signature & Date

State of _____)

County of _____)

_____, 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 _____ .

My commission expires _____

Notary Public

For Office Use Only

Pre 89 Contributions	\$ _____	LTD Contributions	\$ _____
Taxed Deferred Cont.	\$ _____	Deferred Taxes (20%)	\$ _____
Rollover	\$ _____	Refund	\$ _____