

4545 N. Lincoln Blvd., Suite 265 Oklahoma City, Oklahoma 73105-3407 1-800-525-7461 · (405) 522-4600 · Fax (405) 522-4643 www.okfirepen.state.ok.us



## WAIVER OF ALL OR A PORTION OF MONTHLY BENEFIT

I am currently receiving monthly retirement benefits under the provisions of the	
Oklahoma Firefighters Pension and Retirement System. Pursuant to subsection C of 11 O.S.	
Section 49-106, I elect to waive all or a portion of my monthly benefit from	
per month, to	per month beginning

Date (mm/dd/yyyy)

I understand the consequences of my waiver, including the fact that I cannot revoke the waiver and demand the payment of previous waived monthly benefits.

State of	)
	) ss.
County of	)

Payee's Signature

Payee's Name (Printed)

Payee's SSN

Mailing Address

State Zip City

Phone

, 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 waiver, knows the contents thereof, and that the statements contained therein are true and correct.

My commission expires .

Notary Public