

**SURVIVING SPOUSE/BENEFICIARY  
APPLICATION FOR DEATH BENEFITS**

*(Please use black ink only.)*

**SECTION I: PARTICIPANT INFORMATION**

Social Security No: \_\_\_\_\_ Employee ID No: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Hire Date: \_\_\_\_\_ Date of Death: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Branch/Division: \_\_\_\_\_

**SECTION II: BENEFICIARY INFORMATION**

Beneficiary's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

SSN: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**A COPY OF THE DEATH CERTIFICATE AND THE BENEFICIARY DESIGNATION FORM MUST BE ATTACHED TO THIS APPLICATION.**

**SECTION III: BENEFICIARY ELECTION AND WITHHOLDING INFORMATION**

Please read the "Special Tax Notice Regarding Plan Payments" available on Start Right Online at [www.startright.bokf.com](http://www.startright.bokf.com) and complete the following: I hereby make the following election relative to the death benefit under the above Plan.

- I elect to postpone the distribution of benefits until a later date.
- Pay the distribution in accordance with the rollover instructions in Sections IV through VI. Non-spouse beneficiaries may only rollover directly to an inherited IRA. For an inherited IRA, the beneficiary should title the inherited IRA in the name of decedent, for the benefit of the beneficiary.
- Lump sum payment

**Federal income tax will be withheld from the taxable portion of your payment at the required rate of 20%. State income tax will be withheld from the taxable portion of your payment if you reside in a state that requires mandatory withholding. If you reside in a state where withholding is optional, please make a state withholding election.**

\_\_\_\_ Withhold state tax.

\_\_\_\_ Do not withhold state tax.

**SECTION IV: ROLLOVER ELECTION**

Please be sure you have read the "Special Tax Notice Regarding Plan Payments" available on Start Right Online at [www.startright.bokf.com](http://www.startright.bokf.com). You may want to check with a qualified tax advisor before making your election. Please complete the following:

- Transfer the entire amount eligible for rollover directly to my IRA or other qualified plan. Complete all sections below.
- Pay the following dollar amount to me \$\_\_\_\_\_ (subject to the applicable withholding) and transfer the balance directly to my IRA or qualified plan as indicated in Section V below.

**SECTION V: TRANSFER INSTRUCTIONS TO INDIVIDUAL RETIREMENT ACCOUNT (IRA) OR OTHER QUALIFIED PLAN**

You may roll your plan account balance to a Roth IRA provided you include the taxable portion of the conversion amount in your gross income for the year in which the rollover conversion occurs. Please refer to the explanation provided in the "Special Tax Notice Regarding Plan Payments" and consult qualified tax counsel for additional information.

**DEATH BENEFITS APPLICATION**

▶ I represent the IRA or plan designated below is a proper recipient plan for a direct rollover.

Name of new Trustee or Custodian where funds will be held: \_\_\_\_\_

Name of IRA/Qualified Plan/Account Number: \_\_\_\_\_

Address: \_\_\_\_\_

Name & Phone Number of Person to Contact: \_\_\_\_\_

**Mail Check To:**                     Participant                     Plan Administrator                     New IRA or Qualified Plan

**Type of IRA:**                     Traditional                     Roth

**SECTION VI: PAYMENT DELIVERY**

The distribution of your vested account balance will be made as soon as administratively possible after your form has been received by BOK Financial (the "Bank") and will be based on the current market value of your vested balance at the time of distribution. The final amount of your payment may be subject to market fluctuation depending upon your current investment elections and therefore may differ from the amount at the time this request was made. The Bank will not be responsible for any market changes on your final distribution amount between the time this form is received and the time the funds are actually withdrawn from your investments.

**Mail check to:**

- To me at the address provided in Section II.
- To the new IRA or Qualified Plan listed in Section V.

**SECTION VII: PARTICIPANT AUTHORIZATION, RELEASE AND ACKNOWLEDGEMENT**

I have read the attached **Special Tax Notice Regarding Certain Plan Payments** and understand the tax implications regarding this disbursement. I fully and willingly assume any and all liabilities for such disbursement, including but not limited to any tax consequences; and I waive any and all right(s) to legal action regarding this issue against Oklahoma County, the Oklahoma County Retirement Board of Trustees, BOK Financial and its affiliated companies, and/or its members personally or individually. I understand that I am executing this Authorization, Release and Acknowledgement voluntarily and of my own free will.

Beneficiary's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Plan Administrator Authorization – This section must be completed by the Oklahoma County Benefits and Retirement Department's Office authorizing payment of plan benefits.**

Vesting Percentage: 100%    Date Received by Oklahoma County \_\_\_\_\_

Employer's Signature \_\_\_\_\_ Date \_\_\_\_\_

**RETURN THIS FORM ALONG WITH DEATH CERTIFICATION AND BENEFICIARY DESIGNATION FORM TO THE BENEFITS & RETIREMENT DEPARTMENT.**

Oklahoma County Benefits & Retirement Department  
320 Robert S. Kerr Avenue, Room 220  
Oklahoma City, OK 73102