

**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: _____

Marital Status: _____ Birth Date: _____ Hire Date: _____ Date of Death: _____

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 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 cash distribution

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. 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.
- \$ _____ from my Roth account balance \$ _____ from my non-Roth account balance

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

Please note that Roth 401(k) contributions (and earnings thereon) may only be rolled over to a Roth IRA account or to another qualified plan that will accept rollovers of Roth 401(k) monies. You may, however, roll your pre-tax 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.

Application for Death Benefits

▶ **Pre-tax (non-Roth) fund rollover instructions:** 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

▶ **Roth (after-tax) fund rollover instructions:** 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 & 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**