

REFUND APPLICATION
TUL—1916-A

REFUND UPON TERMINATION OF EMPLOYMENT

I, _____, hereby state that my service with the City of Tulsa has terminated and hereby apply for a refund of all basic and optional contributions, plus credited interest thereon, made by me to the Retirement Fund of the Municipal Employees Pension System of the City of Tulsa.

In consideration of the refund of such contributions to me, plus credited interest thereon, I hereby release the Municipal Employees Pension System of the City of Tulsa from any and all obligations it may have had to me as an employee of the City of Tulsa and as a member of the Municipal Employees Pension System.

SIGNATURE OF EMPLOYEE	DATE
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REFUND OF OPTIONAL CONTRIBUTIONS ONLY

I, _____, hereby apply for a refund of all optional contributions, plus credited interest thereon, made by me to the Retirement Fund of the Municipal Employees Pension System of the City of Tulsa. I understand that such a withdrawal will automatically cancel any optional contributions which I may be making to the Retirement Fund and that I will be ineligible to make optional contributions to the Retirement Fund for a period of one year from the date of such withdrawal.

SIGNATURE OF EMPLOYEE	DATE
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REFUND TO BENEFICIARY UPON DEATH OF PARTICIPANT

I, _____, hereby state that I am the designated or otherwise legal beneficiary of _____, who died on the _____ day of _____, 20 _____. I hereby apply for a refund of all contributions, plus credited interest thereon, or other monies which may be due me in accordance with the rules and regulations governing the Municipal Employees Pension System of the City of Tulsa.

In consideration of the refund of such contributions, I hereby release the Municipal Employees Pension System of the City of Tulsa from any and all obligations which it may have had to me by virtue of my relationship to the above participant or by virtue of my being his/her beneficiary.

SIGNATURE OF BENEFICIARY	DATE
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REFUND APPROVAL

DATE OF BOARD APPROVAL	BASIC CONTRIBUTIONS AMOUNT	OPTIONAL CONTRIBUTIONS AMOUNT
SIGNATURE OF RETIREMENT ADMINISTRATOR	DATE REQUESTED	TOTAL AMOUNT DUE