



Oklahoma Municipal Retirement Fund
PARTICIPANT INFORMATION AND CHANGE FORM

PERSONAL INFORMATION (please print clearly using blue or black ink)

NAME OF PLAN:
PARTICIPANT NAME: GENDER:
SOCIAL SECURITY NUMBER: DATE OF BIRTH:
CELL PHONE: HOME PHONE:
MAILING ADDRESS:
Number and Street City, State and Zip Code

NAME CHANGE INFORMATION (please print clearly using blue or black ink)

NEW NAME:
PREVIOUS NAME:
PLEASE NOTE: DOCUMENTATION SUPPORTING NAME CHANGE (E.G.MARRIAGE LICENSE, SOCIAL SECURITY CARD, ETC.) MUST BE PROVIDED

EMPLOYMENT STATUS CHANGE INFORMATION (please check appropriate box)

- Active - Full Time Employment Start Date:
Active - Part Time Employment Start Date:
Leave of Absence Start Date: Return Date:
Workman's Compensation Start Date: Return Date:
Military Leave Start Date: Return Date:
Termination Date:
Disability (Please forward documentation once approved by your governing body in accordance with plan) Date:
Death of Participant (Please provide a copy of participants death certificate or obituary) Date:
Ineligible- Part time status Date:
Ineligible- Police Pension Date:
Ineligible- Fire Pension Date:

AUTHORIZATION

Signature of Authorized Agent: Date:

Please submit your authorized change to:

VIA FAX:
Oklahoma Municipal Retirement Fund
1-405-606-7879

VIA MAIL/OVERNIGHT DELIVERY:
Oklahoma Municipal Retirement Fund
525 Central Park Drive, Suite 320
Oklahoma City, OK 73105

VIA EMAIL (must include all listed):
lporter@okmrf.org
jelliott@okmrf.org
jhoward@okmrf.org

The Oklahoma Municipal Retirement Fund can be contacted at 1-888-394-6673 for notification of this change.