

**CHANGE OF ADDRESS**

Address changes must be submitted in writing for retirees or beneficiaries who are currently receiving or who are due to receive a benefit payment.

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

New Address \_\_\_\_\_  
Number and Street City State Zip Code

Home Phone No. (\_\_\_\_) \_\_\_\_\_ Mobile Phone No. (\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Status (check one):  Active  Retired

OkMRF Employer(s) you retired from: \_\_\_\_\_

In order to assure that all address changes are properly authorized, this form must be signed by the pensioner or a person who has a Durable Power of Attorney or Guardianship Documents on file with OkMRF. Changes must be received by OkMRF by the 10<sup>th</sup> of the month in order to be applied to the next month's pension payment.

\_\_\_\_\_  
**Date** \_\_\_\_\_  
**Signature**

Witnessed and approved.

\_\_\_\_\_  
**Date** **BY:** \_\_\_\_\_  
**Authorized Agent for the Retirement Committee**

Submit Change of Address to the Employer on record **OR** have it notarized below and mail to: OkMRF, 1001 NW 63rd Street, Suite 260, Oklahoma City, OK 73116

State of \_\_\_\_\_  
 County of \_\_\_\_\_  
 The forgoing document was signed and sworn to (or affirmed) before me on \_\_\_\_\_ (date)  
 by \_\_\_\_\_ (name(s) of person(s) making statement).  
 \_\_\_\_\_ My commission expires: \_\_\_\_\_  
 Signature of Notary  
 (Seal)

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