

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)

<input type="checkbox"/> Active - Full Time Employment		Start Date: ____ / ____ / ____
<input type="checkbox"/> Active - Part Time Employment		Start Date: ____ / ____ / ____
<input type="checkbox"/> Leave of Absence	Start Date: ____ / ____ / ____	Return Date: ____ / ____ / ____
<input type="checkbox"/> Workman's Compensation	Start Date: ____ / ____ / ____	Return Date: ____ / ____ / ____
<input type="checkbox"/> Military Leave	Start Date: ____ / ____ / ____	Return Date: ____ / ____ / ____
<input type="checkbox"/> Termination		Date: ____ / ____ / ____
<input type="checkbox"/> Disability <i>(Please forward documentation once approved by your governing body in accordance with plan)</i>		Date: ____ / ____ / ____
<input type="checkbox"/> Death of Participant <i>(Please provide a copy of participants death certificate or obituary)</i>		Date: ____ / ____ / ____
<input type="checkbox"/> Ineligible- Part time status		Date: ____ / ____ / ____
<input type="checkbox"/> Ineligible- Police Pension		Date: ____ / ____ / ____
<input type="checkbox"/> 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
1001 NW 63rd, Suite 260 Oklahoma
City, OK 73116

VIA SECURE FILE UPLOAD:

login at www.okmrf.org/okmrf-pas-login/
select 'File uploads' from top menu

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