



Oklahoma Municipal Retirement Fund
AUTHORIZED SIGNER NOTIFICATION FORM

AUTHORIZED SIGNER DESIGNATION PROCESS

This form allows the Authorized Agent (AA) to designate another person as an Authorized Signer (AS). The Authorized Signer will be able to sign forms as an alternative to the Authorized Agent, the Authorized Signer will also be listed as an alternate form of contact for any questions that OkMRF may have regarding the Plan(s).

AUTHORIZED AGENT (AS APPOINTED BY THE GOVERNING BODY) (Please print clearly using black or blue ink)

NAME: _____

PHONE: _____

EMAIL: _____

PLAN(s): _____

NAME OF MUNICIPALITY OR ENTITY

AUTHORIZED SIGNER INFORMATION (Please print clearly using black or blue ink)

PLEASE SELECT ONE: ADD SIGNER DELETE SIGNER

NAME: _____

PHONE: _____

EMAIL: _____

PLAN(s): _____

NAME OF MUNICIPALITY OR ENTITY

SIGNATURE OF AUTHORIZED SIGNER: _____

AUTHORIZATION

I _____ (AA name), as Authorized Agent for _____

_____ (Plan Names) have been designated to act as the agent of the Employer(s) in matters pertaining to the Plan(s) and the fund. I understand that it is my responsibility to notify OkMRF of any additions or deletions of Authorized Signers.

SIGNATURE OF AUTHORIZED AGENT: _____

PLEASE RETURN THIS FORM TO OkMRF
MAIL: 1001 NW 63rd, SUITE 260, OKLAHOMA CITY, OK 73116
EMAIL: GCUDJOE@OKMRF.ORG
FAX: (405) 606-7879