



Status (check one)  Active  Retired

**PERSONAL INFORMATION** (Please print clearly using black or blue ink)

NAME OF PLAN(s): (Employer) \_\_\_\_\_  
NAME: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_  
PRIMARY PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_  
FORMER ADDRESS: \_\_\_\_\_ APT: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**NEW ADDRESS INFORMATION**

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

NEW ADDRESS: \_\_\_\_\_ APT: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**NAME CHANGE INFORMATION** (Supporting legal documentation required)

PREVIOUS NAME: \_\_\_\_\_  
NEW NAME: \_\_\_\_\_

**AUTHORIZATION** (Must be signed by Authorized Agent or witnessed by a Notary Public)

In order to assure that all address changes are properly authorized, this form must be signed by the participant/pensioner or a person who has a Durable Power of Attorney or Guardianship Documentation on file with OkMRF.

\_\_\_\_\_ Date Participant's Signature

----- WITNESSED AND APPROVED -----

\_\_\_\_\_ Date Authorized Agent for the Retirement Committee

--- OR ---

State of: \_\_\_\_\_ County of: \_\_\_\_\_

On this \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_\_

Before me personally appeared \_\_\_\_\_ to me known to be the participant or Durable Power of Attorney or Guardian of above-named participant.

Witness my hand and official seal.

\_\_\_\_\_ My commission expires: \_\_\_\_\_  
Signature of Notary Public

Please submit your completed form to:

VIA MAIL Oklahoma Municipal Retirement Fund VIA FAX Oklahoma Municipal Retirement Fund  
1001 NW 63<sup>rd</sup> Street, Suite 260 (405) 606-7879  
Oklahoma City, OK 73116

If you have any questions, you may call OkMRF at (888) 394-6673.