



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 10th 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 63rd Street, Suite 260 (405) 606-7879
Oklahoma City, OK 73116

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