



Oklahoma Municipal Retirement Fund
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:
MOBILE PHONE: EMAIL ADDRESS:
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)

- Active - Full Time Employment Start Date:
Active - Part Time Employment Start Date:
Leave of Absence Start Date: Return Date:
Workman's Compensation Start Date: Return Date:
Military Leave Start Date: Return Date:
Termination Date:
Disability (Please forward documentation once approved by your governing body in accordance with plan) Date:
Death of Participant (Please provide a copy of participants death certificate or obituary) Date:
Ineligible- Part time status Date:
Ineligible- Police Pension Date:
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.