

CHANGE OF ADDRESS

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

Name _____ Social Security No. _____

New Address _____
Number and Street City State Zip Code

Home Phone No. (____) _____ Mobile Phone No. (____) _____

E-mail Address _____

Status (check one): Active Retired

OMRF Employer(s) you retired from: _____

In order to assure that all address changes are properly authorized, this form must be signed by the pensioner or a person who has a Durable Power of Attorney or Guardianship Documents on file with OMRF. Changes must be received by OMRF by the 10th of the month in order to be applied to the next month's pension payment.

Date Signature

Witnessed and approved.

Date **BY:** _____
Authorized Agent for the Retirement Committee

Submit Change of Address to the Employer on record or have it notarized below and mail to:
OMRF, 525 Central Park Drive, Suite 320, Oklahoma City, OK 73105

State of _____
County of _____
The forgoing document was signed and sworn to (or affirmed) before me on _____ (date)
by _____ (name(s) of person(s) making statement).
_____ Signature of Notary
(Seal)
My commission expires: _____

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