



Oklahoma Municipal Retirement Fund AUTHORIZATION FOR DIRECT DEPOSIT FORM

PARTICIPANT INFORMATION (please print clearly using black or blue ink)

NAME: _____ SOCIAL SECURITY NUMBER: _____
 ADDRESS: _____ APT: _____
 CITY: _____ STATE: _____ ZIP CODE: _____
 CELL PHONE: _____ HOME PHONE: _____
 E-MAIL: _____
 EMPLOYER: _____ DATE OF BIRTH: ____/____/____

REQUIRED DOCUMENTATION (must be provided)

CHECKING ACCOUNT DOCUMENTATION - A VOIDED CHECK WITH YOUR NAME AND ADDRESS PRE-PRINTED ON THE CHECK. A TEMPORARY CHECK OR THIRD PARTY ACCOUNT (AN ACCOUNT IN ANOTHER PERSON'S NAME) IS NOT ACCEPTED.

SAVINGS ACCOUNT DOCUMENTATION - A COPY OF YOUR SAVINGS ACCOUNT DEPOSIT RECEIPT CLEARLY SHOWING THE ABA (ROUTING) NUMBER AND ACCOUNT NUMBER.

FINANCIAL INSTITUTION INFORMATION (please print clearly using black or blue ink)

NAME OF FINANCIAL INSTITUTION: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP CODE: _____
 PHONE NUMBER: _____
 TYPE OF ACCOUNT (choose one): CHECKING (attach voided check) SAVINGS (attach copy of deposit receipt)
 ABA (ROUTING) NUMBER: _____ ACCOUNT NUMBER: _____

AUTHORIZATION (signature required)

I authorize the Oklahoma Municipal Retirement Fund and State Street Bank and Trust Company (the "Trustee") to initiate credits to my account in the financial institution named above. I further authorize the Trustee to initiate, if necessary, debit entries and adjustments for any credit entry made in error to my account. I also authorize the above named financial institution to credit and debit the same entries. This authorization will remain in effect until written notification is received from me of its termination.

I certify, under penalty of perjury, that to the best of my knowledge and belief the information provided on this form, including the Social Security Number or Taxpayer Identification Number, is accurate and complete.

PARTICIPANT'S SIGNATURE: _____ DATE: _____

Please submit your completed form with supporting documentation to:

VIA FAX:

Voya Financial
 Attn: Oklahoma Municipal Retirement Fund
 1-844-206-7965

VIA MAIL:

Voya Financial
 Attn: Oklahoma Municipal Retirement Fund
 P.O. Box 24747
 Jacksonville, FL 32241-4747

VIA OVERNIGHT DELIVERY:

Voya Financial
 Attn: Oklahoma Municipal Retirement Fund
 8900 Freedom Commerce Parkway
 Jacksonville, FL 32256-8264

If you have any questions or need to obtain additional plan or account information, please go online at okmrforg.voya.com or call Oklahoma Municipal Retirement Fund Service Center at 1-844-466-5673. Customer Service Representatives are available Monday through Friday, 7:00 A.M. to 7:00 P.M. Central Time (excluding stock market holidays).