

**OKLAHOMA POLICE PENSION AND RETIREMENT SYSTEM**

1001 N. W. 63<sup>rd</sup> Street, Suite 305  
Oklahoma City, Oklahoma 73116-7335  
1 (405) 840-3555 / 1 (800) 347-6552  
www.opprs.ok.gov

**NOTICE OF CHANGE OF ADDRESS**

Active member \_\_\_\_\_ Deferred Option Plan \_\_\_\_\_ Retired Member \_\_\_\_\_ Beneficiary \_\_\_\_\_ Alternate Payee \_\_\_\_\_

If Beneficiary receiving benefit, or alternate payee, please provide member SSN \_\_\_\_\_

Police Department \_\_\_\_\_

**OLD ADDRESS:**

Mailing Address \_\_\_\_\_

City, State and Zip \_\_\_\_\_

**NEW ADDRESS:**

Mailing Address \_\_\_\_\_

City, State and Zip \_\_\_\_\_

Telephone: Home ( ) \_\_\_\_\_ Business ( ) \_\_\_\_\_

I, \_\_\_\_\_, SSN \_\_\_\_\_,  
PLEASE PRINT NAME

do hereby notify and authorize the Oklahoma Police Pension and Retirement System ("System") of the above change of mailing address:

Signature of Participant \_\_\_\_\_

Date \_\_\_\_\_

**OR** Authorized City Signature \_\_\_\_\_ Date \_\_\_\_\_

Position/Title \_\_\_\_\_ Telephone Number ( ) \_\_\_\_\_

**PLEASE NOTIFY THE SYSTEM WHEN MAKING A CHANGE IN YOUR HOME ADDRESS OR ANY OTHER INFORMATION RELATING TO YOUR PARTICIPATION. THE PARTICIPANT OR THE AUTHORIZED CITY EMPLOYEE MAY SIGN THIS FORM.**

**WHEN CONTACTING THE SYSTEM, PLEASE IDENTIFY YOURSELF BY YOUR NAME, SOCIAL SECURITY NUMBER, AND THE CITY FROM WHICH YOU ARE RETIRED OR FOR WHICH YOU ARE CURRENTLY WORKING.**