OKLAHOMA TEACHERS' RETIREMENT SYSTEM
P.O BOX 53524 - OKLAHOMA CITY, OK 73152
405-521-2387 OR TOLL FREE 1-877-738-6365
Fax: (405) 521-4718 - www.ok.gov/trs

CHANGE OF NAME/ADDRESS NOTIFICATION

☐ Active ☐ Retired _____ _____
SSN# or Ret# Current Telephone Number

☐ ***NAME CHANGE***

Date Effective_____

Previous Name Acct: _____ _____ _____
First Name Middle Initial Last Name

New Name on Acct: _____ _____ _____
First Name Middle Initial Last Name

Reason for Name Change:_____

All requests for change of name must include legal documentation (i.e. Marriage Certification, Divorce Decree…)

☐ ***ADDRESS CHANGE***

Date Effective _____

_____ _____ _____
First Name Middle Initial Last Name

Previous Address:

_____ _____ _____ _____
Address City State Zip

New Address:

_____ _____ _____ _____
Address City State Zip

Note:
OTRS cannot use Post Office forwarding stickers as authorization for any change of address. Requests for a change of address or change of name must be signed by the client in order to make the change to your permanent record.

If this request is signed by a LEGAL GUARDIAN or POWER OF ATTORNEY, documentation for this authority must be included with this form and will be retained in the client's permanent file. Without this documentation address or name change cannot be made.

Are you currently scheduled/applying for a withdrawal of funds: ☐ Yes ☐ No

_____ _____
Signature Date