

OKLAHOMA POLICE PENSION AND RETIREMENT SYSTEM

1001 N. W. 63rd 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 you are a Beneficiary or Alternate Payee, please provide Member's Name and SSN: _____

City of Membership _____

OLD ADDRESS:

Mailing Address _____

City, State and Zip _____

NEW ADDRESS:

Mailing Address _____

City, State and Zip _____

Telephone: Home (_____) Business (_____)

E-Mail Address (Optional) _____

Do you prefer to receive correspondence electronically via e-mail*: Yes No

(*If you marked "Yes" to the above, please note that your regular mailing address is still required for some mailings.)

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 MAILING ADDRESS OR ANY OTHER INFORMATION RELATED TO YOUR PARTICIPATION. THE PARTICIPANT OR THE AUTHORIZED CITY EMPLOYEE MAY SIGN THIS FORM.