Clear Form

Print Form

Oklahoma Firefighters Pension and Retirement System
4545 N. Lincoln Blvd., Suite 265
Oklahoma City, Oklahoma 73105-3407
1-800-525-7461 · (405) 522-4600 · Fax (405) 522-4643
www.okfirepen.state.ok.us

Change of Address

Firefighters Name _____ Firefighter's SSN _____

Dept. Retired From _____ Fire Dept. County (if applicable) _____

Payee (If Firefighter is deceased) _____ Payee's SSN _____

Phone Number _____

Address changes for retired members or beneficiaries receiving monthly benefits must be in writing. This will assure that all address corrections are properly authorized. This form must be signed by the person receiving the pension, have a Durable Power of Attorney or Guardianship Documents on file to make the change.

New Address Line 1: _____

New Address Line 2: _____

City: _____ State: _____ Zip/Postal Code: _____ - _____

CHANGES MUST BE SUBMITTED TO THE PENSION OFFICE BY THE 15TH OF THE MONTH

Date: _____ **Authorized Signature:** _____