



## Change of Address

Please type or print in blue or black ink.

- Check one:
- Retired** - currently drawing a retirement benefit.
  - Vested** - not currently working but eligible to draw a benefit in the future.
  - Withdrawing** - not currently working and in the process of withdrawing your contributions.
  - Active** - please provide your Agency name: \_\_\_\_\_

### Part 1: Provide your name and Social Security number below.

\_\_\_\_\_  
 Name (first, middle, last)

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Social Security number

### Part 2: Provide your complete new address and telephone numbers below.

Please provide city, state and zip code even if you are moving within the same town or city.

\_\_\_\_\_  
 Mailing address

\_\_\_\_\_  
 City

\_\_\_\_\_  
 State

\_\_\_\_\_  
 Zip+4

\_\_\_\_\_  
 Daytime telephone

\_\_\_\_\_  
 Work telephone

### Part 3: Provide the information requested.

**1. The changes made above will change my permanent records in the following Plans:**

- Oklahoma Public Employees Retirement System Defined Benefit Plan
- SoonerSave Plans - 457/401(a)

**2. The changes made above will become effective:** \_\_\_\_\_

### Part 4: Read the following, sign and date in the space provided.

I understand that I must properly complete and submit this form before any changes to my permanent retirement records can be made.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date