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# SoonerSave Coordinator Change Form

Deferred Compensation 457(b) and Savings Incentive 401(a) Plans

Use this form to update and verify employer and/or SoonerSave coordinator information. The main SoonerSave coordinator of record may submit this form; however, if the main SoonerSave coordinator changes, this form must be signed by their supervisor. Please contact SoonerSave at (405) 858-6737 with any questions.

## EMPLOYER INFORMATION

Employer name

Employer number

Mailing address

City

State

Zip code

Phone number

Fax number

## MAIN SOONERSAVE COORDINATOR

SoonerSave coordinator's name

No Change

Change

Phone number

Email address

## ALTERNATE SOONERSAVE COORDINATOR(S)

Please list the alternate coordinator(s) and contact information. Attach an additional page, if necessary.

Alternate coordinator's name

Add

Update

Delete

Phone number

Email address

Additional alternate coordinator's name (if necessary)

Add

Update

Delete

Phone number

Email address

## SIGNATURE

I certify the above information is true and correct to the best of my knowledge. If there is a change to the main SoonerSave coordinator, this form must be signed by their supervisor. Return the completed form to [rwano@opers.ok.gov](mailto:rwano@opers.ok.gov).

Signature

Title

Date

SOONERSAVE

P.O. Box 53007 | Oklahoma City, Oklahoma 73152-3007

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