



# 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 [rwan@opers.ok.gov](mailto:rwan@opers.ok.gov).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date