



OKLAHOMA LAW ENFORCEMENT
— RETIREMENT SYSTEM —

Address Change

Applicant Information

Applicant Name _____ Applicant SSN _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Email _____

Dependent Information

Spouse Name _____ Marriage Date _____

Spouse SSN _____ Spouse Birth Date _____

Signature

The Applicant stated above has attested that he/she has read this form, knows the contents thereof, and that the information contained therein are true and correct.

Date _____

_____ Applicant's Signature

Submission Information

Completed form can be sent to OLERS via:
 Mail: 421 N.W. 13th, Suite 100, Oklahoma City, OK 73103
 Fax: (405) 522-5004
 Email: forms@olers.ok.gov

OLERS USE ONLY

Data Entry _____ Reviewed _____