



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](mailto:forms@olers.ok.gov)

## OLERS USE ONLY

Data Entry \_\_\_\_\_ Reviewed \_\_\_\_\_