

## OKLAHOMA LAW ENFORCEMENT

## — RETIREMENT SYSTEM ——

## **Personal Information Change**

Please use this form to keep OLERS updated on any personal changes(address, add/remove spouse, add minor children, phone #, etc.) you may have so we can provide accurate information to our Actuary and ensure timely communication to membership.

***To update your \$5,000 Death Benefit beneficiaries you will need to use Form 12.***		
Applicant Information		
Applicant Name	Applicant SSN	
Address		
City	State	Zip Code
	Cell Phone	
Email		
Dependent Information		
Spouse Name	Marriage Date	
Spouse SSN	-	
Minor Child Name	SSN	Birth Date
	_	_
REMOVE SPOUSE: Name	Rea	ason: Death Divorce
If you need to remove your spouse due to de	· · · · · · · · · · · · · · · · · · ·	
***To update your \$5,000 Death B	Benefit beneficiaries yo	u will need to use Form 12.***
Signature		
The Applicant stated above has atteste thereof, and that the information contains		•
Date App	licant's Signature	
<b>Submission Information</b>		
Completed form can be sent to OLERS via Mail: 421 N.W. 13th, Suite 100, Fax: (405) 522-5004 Email: forms@olers.ok.gov		
Data		

Reviewed

Entry

**OLERS USE ONLY**