



Change of Address

***Please complete and return to the Human Resources
Department via campus mail.***

Name: _____
(Print or Type)

CU ID #: _____
(Use SSN if ID number not available)

Previous Address:

Current Address:

Signature: _____

Date: _____

OKLAHOMA TEACHERS' RETIREMENT SYSTEM
P.O BOX 53524 - OKLAHOMA CITY, OK 73152
405-521-2387 OR TOLL FREE 1-877-738-6365
Fax: (405) 521-4718 - www.ok.gov/trs

CHANGE OF NAME/ADDRESS NOTIFICATION

Active Retired _____
SSN# or Ret# Current Telephone Number

NAME CHANGE

Date Effective _____

Previous Name: _____
First Name Middle Initial Last Name

New Name on Acct: _____
First Name Middle Initial Last Name

Reason for Name Change: _____

All requests for change of name must include legal documentation (i.e. Marriage Certification, Divorce Decree...)

ADDRESS CHANGE

Date Effective _____

First Name Middle Initial Last Name

Previous Address:

Address City State Zip

New Address:

Address City State Zip

Note:

OTRS cannot use Post Office forwarding stickers as authorization for any change of address. Requests for a change of address or change of name must be signed by the client in order to make the change to your permanent record.

If this request is signed by a LEGAL GUARDIAN or POWER OF ATTORNEY, documentation for this authority must be included with this form and will be retained in the client's permanent file. Without this documentation address or name change cannot be made.

Are you currently scheduled/applying for a withdrawal of funds: Yes No

Signature Date