

CITY OF TULSA
MUNICIPAL EMPLOYEES' RETIREMENT PLAN

RETIREMENT CHANGE NOTICE

TUL-1912-C

EMPLOYEE NAME:		EMPLOYEE ID:	SOCIAL SECURITY NUMBER:	EFFECTIVE DATE:
AGENCY/DEPARTMENT/DIVISION:				DEPARTMENT CODE:
DATE OF BIRTH:	DATE OF HIRE:	DATE OF ENTRY:		SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female
ADDRESS:				EMPLOYEE EMAIL:
TELEPHONE NUMBER:	SPOUSE NAME:			SPOUSE DATE OF BIRTH:
SPOUSE'S ADDRESS (IF DIFFERENT FROM EMPLOYEE'S)				

DESIGNATION OF BENEFICIARY

Benefit will be paid 100% to "First Beneficiary" unless specified otherwise.

FIRST BENEFICIARY:		SECOND BENEFICIARY:	
SOCIAL SECURITY NUMBER:		SOCIAL SECURITY NUMBER:	
DATE OF BIRTH:		DATE OF BIRTH:	
RELATIONSHIP:		RELATIONSHIP:	
MAILING ADDRESS:		MAILING ADDRESS:	
CITY, STATE:	ZIP CODE:	CITY, STATE:	ZIP CODE:
TELEPHONE NUMBER:		TELEPHONE NUMBER:	
EMAIL ADDRESS:		EMAIL ADDRESS:	

REMARKS:

MERP Beneficiary Designation Only.

SIGNATURE – EMPLOYEE	DATE
SIGNATURE – RETIREMENT SECTION	DATE
SIGNATURE – BENEFITS MANAGER/RETIREMENT SERVICES MANAGER	DATE