



Federal Police Pension Plan Universal Change Form

If you wish to (1) change your address, (2) update your banking information, and/or (3) change your last name select the appropriate box below and complete the designated section of the form. Once completed, you must mail, fax or email the form to OPRS. *In order for OPRS to make changes to your account, the form must be signed, dated and notarized.*

Please select the change(s) you are requesting:

Address

Name

Direct Deposit

Your Personal Information: (please print)

| | | |
|----------------------|----------------------|----------------------|
| First Name | MI | Last Name |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| Emplid | Date of Birth | E-mail Address | Phone Number |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Address Change

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| Old Address | City | State | Zip code |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| New Address | City | State | Zip code |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | |
|----------------------|--|
| Signature | Effective date of Mailing Address Change |
| <input type="text"/> | <input type="text"/> |

An individual may change his or her name only upon providing OPRS with a complete copy of one of the following document's indicating the new name: a marriage certificate, divorce decree (including any separation agreement) that restores the individual to a prior name, or entry of change of name issued by probate court.

Name Change

Previous Name: First Name, Middle initial, Last Name

New Name: First Name, Middle Initial, Last Name

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

Direct Deposit Change

Please provide information below and attach a preprinted personal check or a deposit slip or a copy of checking or saving account bank statement. Your name must appear on the preprinted check or bank document. The names on the documents must match OPRS records.

Saving Checking Trust Account Mortgage Brokerage Account

| | | |
|----------------------------|----------------------|----------------------|
| Financial Institution Name | Routing Number | Account Number |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | | |
|-------------------------------|----------------------|----------------------|----------------------|
| Financial Institution Address | State | Zip Code | Amount |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | |
|----------------------|----------------------|----------------------|
| Secondary Bank | Routing Number | Account Number |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | | |
|-------------------------------|----------------------|----------------------|----------------------|
| Financial Institution Address | State | Zip Code | Amount |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

I request the changes noted on this form.

Your Signature _____

Date _____