

## KENTUCKY TEACHERS' RETIREMENT SYSTEM

# Change of Address or Name Form

As an active or retired teacher or survivor of a member of the Kentucky Teachers' Retirement System, I request that the information be changed as follows:

### CHANGE ADDRESS or NAME *FROM*:

<b>Name</b>	
<b>Address</b>	
<b>City/State/ZIP</b>	
<b>Home Phone Number</b>	

### CHANGE ADDRESS or NAME *TO*:

<i>New Name</i>	
<i>New Address</i>	
<i>New City/State/ZIP</i>	
<i>New Phone Number</i>	
<i>Please Check Accordingly</i>	<input type="checkbox"/> Permanent Address    OR <input type="checkbox"/> Temporary Address

The following information **must** be completed upon submission of this form.

<b>County of Residence</b>	
<b>KTRS Member Identification Number</b>	
<i>Please CHECK one:</i>	<input type="checkbox"/> Active Member <input type="checkbox"/> Retired Member <input type="checkbox"/> Survivor
	<i>Send Beneficiary Change Form:</i> <input type="checkbox"/> yes <input type="checkbox"/> no

\* A **valid** signature is required in order to process this change.

* Signature is <b><u>REQUIRED</u></b>	
PRINTED NAME of Member/Survivor's Signature	DATE
	_____, 20 ____



**Mail to:** Kentucky Teachers' Retirement System  
 479 Versailles Road  
 Frankfort, KY 40601  
**Fax To:** Active Members: 502/848-8599  
 Retired Members: 502/573-0199