

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*:

Name	
Address	
City/State/ZIP	
Home Phone Number	

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.

County of Residence	
KTRS Member Identification Number	
<i>Please CHECK one:</i>	<input type="checkbox"/> Active Member OR <input type="checkbox"/> Retired Member
	<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.

* Member/Survivor's Signature is <u>REQUIRED</u>	
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