

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:
(A valid signature is required in order to process this change.)

CHANGE OF 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 circle one:</i> Active or Retired	<i>Send Beneficiary</i> <input type="checkbox"/> yes <i>Change Form:</i> <input type="checkbox"/> no
Member/Survivor's Signature	
Date	_____ , 20____

Return to:
 Kentucky Teachers' Retirement System
 479 Versailles Road
 Frankfort, KY 40601

FAX to:
 Active Members FAX to: 502/848-8599
 Retired Members FAX to: 502/573-0199