

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:

New Name

New Address

New City/State/ZIP

New Phone Number

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

County of Residence

KTRS Member Identification
Number

Please circle one:
Active or Retired

Send Beneficiary ____ yes
Change Form: ____ 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