

Kentucky Retirement Systems

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FORM 2040

Member's
Soc. Sec.

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Revised 10/05

CHANGE OF ADDRESS NOTIFICATION

Please check the appropriate box:

Not receiving a monthly benefit.
(Active Member) Presently drawing a monthly benefit.
(Retired Member)

In order for Kentucky Retirement Systems to insure proper mail delivery, please complete the following and return it to our office as soon as possible.

Please print information below:

Name: _____

Address: _____
Apt. No/Street/P.O. Box

City County State Zip Code

Signature: _____ Date: _____

Daytime Phone Number: _____

Please Note:

If a fiduciary is completing this change of address form on behalf of the member, a copy of the power of attorney, or order appointing guardianship, or other document, must be submitted with this form. Persons acting as a fiduciary should sign this and other retirement systems documents so that the capacity in which the document is being executed is exactly clear. If you are acting as a Power of Attorney, you must sign in the name of the principal followed by your signature as the attorney-in-fact with the designation "POA" or "AIF." For example: "John Doe by Jane Doe, POA." If you are acting as a Guardian, you must sign in the name of the ward followed by your signature as the guardian with the designation "Guardian." For example: "John Doe by Jane Doe, Guardian." If you have further questions, you may contact a counselor in writing or by telephone.

IMPORTANT: Kentucky Retirement Systems (KRS) addresses are now being updated monthly with the address on file for you with the U.S. Post Office. This is done through the National Change of Address (NCOA) system. Therefore, it is very important that you make sure your current address is on file with your local Post Office. Otherwise, when NCOA updates the KRS address records next month, your address may be replaced with an incorrect address; and mail from KRS may not be forwarded by the Post Office.