

KENTUCKY TEACHERS' RETIREMENT SYSTEM Change of Address 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 FROM:

| | |
|-------------------|--|
| Name | |
| Address | |
| City/State/ZIP | |
| Home Phone Number | |

CHANGE ADDRESS 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