

## 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>	

**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	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