TEACHERS' RETIREMENT SYSTEM
Change of Address or Name Form

I request that my information be changed as follows:

Old:

Name	
Address	
City/State/ZIP	
Phone	
Email	

New (complete sections with changes):

New Name	
New Address	
New City/State/ZIP	
Check Accordingly	**_____ Permanent Address or _____ Temporary Address**
New Phone	
New Email	

The following information must be completed:

TRS Member ID	

Please check:	**_____ Active Member** **_____ Retired Member** **_____ Survivor**	**☐ Check to request beneficiary change form**

*** Signature (required)**	
Printed Name of Member/Survivor	**Date**

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Mail to: Teachers' Retirement System
479 Versailles Rd.
Frankfort, KY 40601

Fax to: 502-848-8599

Email to: info@trs.ky.gov

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