

**TEACHERS' RETIREMENT SYSTEM
NAME OR CHANGE OF ADDRESS/QDRO**

To notify Teachers' Retirement System of a name or address change following the entry of a Qualified Domestic Relations Order, you must utilize this form.

TRS Member Number/Alternate Payee Social Security Number: _____

Previous Name: _____
First MI Last

Current Name: _____
First MI Last

Previous Address: _____

City: _____ **State:** _____ **Zip:** _____

Current Address: _____

City: _____ **State:** _____ **Zip:** _____

Previous Cell/Home Phone: _____ **Work Phone:** _____

Cell/Home Phone: _____ **Work Phone:** _____

New name/address/phone number effective: _____

Signature: _____ **Date:** _____

In accordance with KRS 161.700 and 102 KAR 1:320, I acknowledge that I am responsible for notifying TRS of any change in name, phone number or mailing address. I further acknowledge that TRS shall have no liability whatsoever to me due to my failure to notify TRS of a name or address change which results in the retirement system's inability to properly forward benefits to me once same become due and payable under the terms of the QDRO.