

TEACHERS' RETIREMENT SYSTEM OF KENTUCKY  
**Change of Address or Name  
 For Retired Member or Survivor**

**I request that the information be changed as follows:**

**Old:**

<b>Name</b>	
<b>Address</b>	
<b>City/State/ZIP</b>	
<b>Phone Number</b>	
<b>Email</b>	

**New (complete section with changes):**

<b>New Name</b>	
<b>New Address</b>	
<b>New City/State/ZIP</b>	
<b>Please Check Accordingly</b>	___ Permanent Address    OR    ___ Temporary Address
<b>New Phone Number</b>	
<b>New Email</b>	

**The following information must be completed:**

<b>TRS Member ID</b>		
<b>Please Check:</b>	___ Retired Member ___ Survivor	<input type="checkbox"/> Check to request beneficiary change form

**\* A valid signature is required in order to process this change.**

<b>* Signature (required)</b>	
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<b>PRINTED NAME of Member</b> _____	<b>DATE</b> _____, 20____
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**Mail to:** Teachers' Retirement System  
 479 Versailles Road  
 Frankfort, KY 40601

**Fax To:** 502-848-8599