

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	
Please 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	<input type="checkbox"/> 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: Active members: 502-848-8599
 Retired members: 502-573-0199

Email to: info@trs.ky.gov