

# TEACHERS' RETIREMENT SYSTEM

## Change of Address or Name Form

I request that my information be changed as follows:

### Old:

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

### New (complete sections 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</b>	
<b>New Email</b>	

### The following information must be completed:

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

\* Signature (required)

<b>Printed Name of Member/Survivor</b>	<b>Date</b>
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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