

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

Check to request
beneficiary change
form

* Signature (required)

Printed Name of Member/Survivor

Date



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