

Kentucky Retirement Systems

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Print Form

Form 2040 Revised 10/2005

Change of Address Notification

In order for Kentucky Retirement Systems to insure proper mail delivery, please complete the following and return this form to our office as soon as possible.

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Member Information Please provide your Member ID or Social Security number in the Member ID box below.				
Member Name:		Member ID:		
Address:	City:		State:	Zip Code:
Daytime Phone Number:				
Please check the appropriate box below: Not receiving a monthly benefit (Active Member) Presently drawing a monthly benefit (Retired Member)	·)			
Important Notice		187		
If a fiduciary is completing this change of address for attorney, or order appointing guardianship, or other acting as a fiduciary should sign this and other retired document is being executed is exactly clear. If you aname of the principal followed by your signature as the For example: "John Doe by Jane Doe, POA." If you the ward followed by your signature as the guardian by Jane Doe, Guardian." If you have further question Kentucky Retirement Systems (KRS) addresses are with the U.S. Post Office. This is done through the Namportant that you make sure your current address is updates the KRS address records next month, your from KRS may not be forwarded by the Post Office.	document, must be sement systems docurare acting as a Power the attorney-in-fact ware acting as a Guar with the designation as, you may contact a now being updated lational Change of Acts on file with your loce	submitted we ments so the restorment of the designation of the designation of the ments of the the second of the	with this form. at the capacity, you must signation "PO/nust sign in the "For example" in writing or the address OA) system. Ice. Otherwis	Persons ty in which the sign in the A" or "AIF." ne name of le: "John Doe by telephone. s on file for you Therefore, it is very e, when NCOA
Signature:		Da	ate:	