



KPERS-7001  
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Kansas Public Employees Retirement System  
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## Change of Address Form for Retired and Inactive Members

Please type or print using black ink.

Member's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Name and Contact Number for person requesting change: \_\_\_\_\_

\_\_\_\_\_

**NEW ADDRESS**

**OLD ADDRESS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Internal Use Only

Received by \_\_\_\_\_ on \_\_\_\_\_

Does Benefit Go to Bank (circle one)?    YES    NO    N/A

Change Done on AS400 \_\_\_\_\_ Input by \_\_\_\_\_ On \_\_\_\_\_ Checked by \_\_\_\_\_ On \_\_\_\_\_