



KPERS-7001 Rev. 3/19

## CHANGE OF ADDRESS FOR INACTIVE AND RETIRED MEMBERS

For security reasons, do not submit application by email.

■ **Contact Us** – toll free: 1-888-275-5737 • phone: 785-296-6166 • fax: 785-296-6638  
email: kpers@kpers.org • web site: kpers.org • mail: 611 S. Kansas Ave., Suite 100, Topeka, KS 66603

### ■ Part A – Member Information

- 1. Social Security Number: \_\_\_\_\_
- 2. Name (First, MI, Last): \_\_\_\_\_
- 3. Date of Birth: \_\_\_\_\_
- 4. Telephone Number: \_\_\_\_\_

#### Old Mailing Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### New Mailing Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### ■ Part B – Authorized Signature – Only one signature is required.

#### Member Signature

Member Signature: \_\_\_\_\_ Month/Day/Year: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Power of Attorney Signature – A copy of the document must be attached or already on file with KPERS.

- 1. Name (First, MI, Last): \_\_\_\_\_
- 2. Telephone Number: \_\_\_\_\_

Power of Attorney Signature: \_\_\_\_\_ Month/Day/Year: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### 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 \_\_\_\_\_