



Change of Contact Information

To ensure Kentucky Public Pensions Authority (KPPA) possesses your most up to date contact information, please complete the following and return this form to our office as soon as possible. Please note that accurate contact information is essential for KPPA to communicate important details regarding your benefits.

| | | | |
|--|-------|-----------------|-----------|
| 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: |
| Phone (select type) <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work | | Personal Email: | |

Important Notice

If a fiduciary is completing this change of contact information form on behalf of the member, a copy of the power of attorney, or order appointing guardianship, or other document designating a fiduciary, must be submitted with this form or be on file and approved by KPPA. Persons acting as a fiduciary should sign this and other retirement systems documents so that the capacity in which the document is being executed is exactly clear. If you are acting as a Power of Attorney, you must sign in the name of the principal followed by your signature as the attorney-in-fact with the designation "POA" or "AIF." For example: "John Doe by Jane Doe, POA." If you are acting as a Guardian, you must sign in the name of the ward followed by your signature as the guardian with the designation "Guardian." For example: "John Doe by Jane Doe, Guardian." If you have further questions, you may contact a counselor in writing or by telephone.

It is very important that you make sure your current address is on file with your local Post Office. Otherwise, member addresses may be replaced with an incorrect address; and mail from KPPA may not be forwarded by the Post Office.

Signature: _____

Date: _____