



For Authority Use Only  
Accepted for the KPEDCA  
By \_\_\_\_\_  
Effective Date \_\_\_\_\_

# Change of Address

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## New Address

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Acct # or SS # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

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## Previous Address

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Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

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**Signature**

**Date**

Fax or mail your change of address request to Kentucky Deferred Comp:

101 SEA HERO RD SUITE 110  
FRANKFORT KY 40601-5404  
Fax (502) 573-4494

NRN-0987KY-KY-0215