



KPERS-7001 Rev. 2/24

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: ____/____/____