



KPERS-700I 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@kspers.gov • **web:** kspers.gov • **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:

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#### New Mailing Address:

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### ■ 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: \_\_\_\_/\_\_\_\_/\_\_\_\_