

CHANGE OF ADDRESS

	nge is permanent . nge is temporary . I understand that I no	d to file a new change of add	ress form each time my mailing	
Plan Membership: (ch				
- , ,		Civilian Employees' Retire	ement System	
(Please print clearly)		' '	,	
Full Name: (Last, First, MI)				
(List one)		Effective Date of Change:	Effective Date of Change:	
Department Serial Nu	umber:			
Last 4 digits of SSN:				
	Address or PO Box:		Apt#:	
Former	O'the Otata Time			
Mailing	City, State, Zip:			
Address	Phone #:	Email:		
71000				
Note: If mailing address is a PO Box, a physical address is required.				
	Address or PO Box:		Apt#:	
Nana Mailina				
New Mailing	City, State, Zip:			
Address	Phone #:	Email:		
	Thome #.	Lilian.		
Dlavaiaal	Street Address:		Apt#:	
Physical			•	
Address	City, State, Zip:			
(if different from above)				
(If moving out of state, you may need to update your state tax withholding.)				
There are no updates to my current state tax withholding.				
Please update my state tax withholding in accordance with the attached form. (Include valid state tax form for state of				
residence.)				
My state of residence does not have state tax withholding.				
Member's Signature (Required)			Date	

Please return the completed form to KCPERS
9701 Marion Park Drive, B, Kansas City, MO 64137 ● (816) 482-8138 ● Fax: (816) 763-1190 ● email: info@kcpers.org