

ADDRESS CHANGE REQUEST FORM

Plan Membership:

☐ Police Retirement System

☐ Civilian Employee's Retirement System

This address change is:

☐ Permanent

☐ Temporary

(You must file a new change of address form with KCPERS each time your mailing address changes)

(Please print clearly)

Full Name: (Last, First, MI)

(List one)

- ☐ Department Serial Number:
☐ Last 4 digits of SSN:

Effective Date of Change:

Former Mailing Address	Address or PO Box:		Apt#:
	City, State, Zip:		
	Phone #:	Email:	

Note: If mailing address is a PO Box, a physical address is required.

New Mailing Address	Address or PO Box:		Apt#:
	City, State, Zip:		
	Phone #:	Email:	

Physical Address (if different from above)	Street Address:		Apt#:
	City, State, Zip:		

If your **permanent** change of address indicates that you have moved to a new state, the following will occur:

- Withholding elections in your existing state will be cancelled and a default of "no withholding" will be established in your new state.
- If you wish to withhold in your new state of residence, please include a valid state tax form for your new state of residence or complete the updated State Tax Election Changes that will be included with your next Earnings Statement.
- If you **DO NOT** want your state withholding to be established in your new state, check the box at the top of this form indicating this is a **temporary** address change.

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

Additional forms can be found at <https://kcpers.org/resources/forms/>