



Change of Contact Information

To ensure Kentucky Public Pensions Authority (KPPA) has current contact information, please complete and return this form to our office as soon as possible. **Please remember:** It is your responsibility to provide and maintain accurate contact information for your retirement account so that KPPA can inform you about your benefits.

Contact Information

Please provide your Member ID or Social Security number in the Member ID box below.

Name:		Member ID:	
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Please make sure your current mailing address is on file with your local Post Office, and your employer if you are not retired.

Address:	City:	State:	Zip Code:
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Please provide at least one phone number below.

Phone:	<input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work	Phone:	<input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work
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Please provide your personal email address below. KPPA sends newsletters and general information to you by email.

Personal Email Address:

Communication Preference If you do not want to update your current preference, skip this section.

Your preference can be changed at any time by doing one of the following: 1) Log in to Self Service at <https://myretirement.ky.gov/> 2) Submit Form 2040 (this form) to our office or 3) Call KPPA with your Personal Identification Number (PIN).

Paperless: I am requesting to receive my account information in electronic format through email notifications and the Self Service website. I understand that KPPA may still mail some documents to me and that a personal email address must be provided above to complete my request.

U.S. Mail: I am requesting to receive my account information by U.S. mail. I understand that KPPA will still email me general information and that a physical mailing address must be provided above to complete my request.

Notice: Power of Attorney, Guardianship, or other Fiduciary

Only a fiduciary may complete this form on behalf of the member or other account holder. If this applies to you:

- A copy of the power of attorney, order appointing guardianship, or other document designating you as a fiduciary must be submitted with this form or already be on file and approved by KPPA.
- Changes to your contact information and communication preferences can only be made by filing this form.

Persons acting as a fiduciary should sign all KPPA documents so that the capacity in which the document is being executed is exactly clear.

If you are acting as a Power of Attorney, you must sign in the name of the principal followed by your signature as the attorney-in-fact with the designation "POA" or "AIF." For example: "John Doe by Jane Doe, POA." If you are acting as a Guardian, you must sign in the name of the ward followed by your signature as the guardian with the designation "Guardian." For example: "John Doe by Jane Doe, POA." If you have questions, please contact our office.

Certification

I hereby certify that the information provided on this form is correct and accurate. I acknowledge that I have full understanding that any person who provides a false statement, report, or representation to a governmental entity such as KPPA is subject to the penalty of perjury in accordance with KRS 523.010, et seq. I further acknowledge that if I knowingly submit or cause to be submitted false or fraudulent information, I may be liable for repayment of benefits I was not entitled to receive and for civil payments, legal fees, and costs.

Signature: _____

Date: _____