



### 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, Guardian." 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: \_\_\_\_\_