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KANSAS CITY PUBLIC SCHOOL RETIREMENT SYSTEM

**RETIREE CHANGE OF ADDRESS**

Name: \_\_\_\_\_

*(Please Print)*

**Old Address**

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

**New Address**

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

\_\_\_\_\_  
(Daytime phone) (E-mail)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SSN: \_\_\_\_\_

*Please return the original form to KCPSRS at the above address*