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## CHANGE OF ADDRESS

<b>Name</b> (please print):
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OLD ADDRESS		
<b>Street</b>	<b>Apt/Unit #</b>	
<b>City</b>	<b>State</b>	<b>Zip</b>

NEW ADDRESS		
<b>Street</b>	<b>Apt/Unit #</b>	
<b>City</b>	<b>State</b>	<b>Zip</b>

<b>Daytime phone:</b>	<b>Email:</b>	
<b>Original (Written) Signature Required:</b>		<b>Date:</b>
<b>SSN: (Last 4 digits)</b>		

*Please return completed form to KCPSRS via mail, fax or email as listed above.  
 If this form is signed by a power of attorney (POA), we require the POA documents before the form can be accepted.*