

**KPPA Ad Hoc Regulations Committee
March 6, 2025 at 10:00 a.m. Eastern Time
Live Video Conference/Facebook Live**

AGENDA

- | | |
|--|------------------------|
| 1. Call to Order | Keith Percy |
| 2. Opening Video Teleconference Statement | Legal Services |
| 3. Roll Call | Sherry Rankin |
| 4. Public Comment | Sherry Rankin |
| 5. Approval of Minutes*- September 4, 2024 | Keith Percy |
| 6. Administrative Regulation 105 KAR 1:202,
Notification of Retirement* | Nathan Goodrich |
| 7. Administrative Regulation 105 KAR 1:200
Retirement Procedures* | Nathan Goodrich |
| 8. Adjourn | Keith Percy |

***Action may be taken by the KPPA Ad Hoc Regulation Committee**

**MINUTES OF MEETING
KENTUCKY PUBLIC PENSIONS AUTHORITY
AD HOC REGULATION COMMITTEE
SPECIAL CALLED MEETING
SEPTEMBER 4, 2024, AT 10:00 AM
VIA LIVE VIDEO TELECONFERENCE**

At the Special Called Meeting of the Kentucky Public Pensions Authority Ad Hoc Regulation Committee held on September 4, 2024, the following members were present: Keith Peercy (Chair), Jerry Powell, and George Cheatham. Staff members present were CERS CEO Ed Owens, III, KRS CEO John Chilton, Ryan Barrow, Rebecca Adkins, Erin Surratt, Mike Lamb, Michael Board, Victoria Hale, Carrie Bass, Addison Burns, D’Juan Surratt, Kristen Coffey, Jessica Beaubien, Shaun Case, and Sherry Rankin.

1. Mr. Peercy called the meeting to order.
2. Ms. Hale read the Opening Statement.
3. Ms. Rankin called roll.
4. No **Public Comments** were received.
5. Mr. Peercy introduced agenda item ***Approval of Minutes – June 5, 2024*** (Video 00:04:12 to 00:04:48). Mr. Cheatham made a motion to approve the minutes as presented. Mr. Powell seconded the motion, and the motion passed unanimously.
6. Mr. Peercy introduced agenda item ***Administrative Regulation 105 KAR 1:445*** (Video 00:04:12 to 00:06:38). Ms. Jessica Beaubien stated that this administrative regulation is an amendment to the existing Trustee Elections regulation. This administrative regulation establishes the procedures and requirements for preparing and casting electronic, telephonic, and paper ballots, and the tabulation of the ballots for trustee elections. This amendment updates the language throughout the regulation to be consistent with the language used in all Kentucky Public Pensions Authority regulations and the definitions found in 105 KAR 1:001.

She indicated the details have been added regarding the trustee election processes and procedures currently being used. Specifically, the option for voting in trustee elections via telephone has been added. Lastly, the “Application for Trustee” has been incorporated by reference.

Mr. Powell made a motion to approve administrative regulation 105 KAR 1:445 as presented regarding Trustee Elections and to forward it to the full KPPA Board for its approval. Mr. Cheatham seconded the motion, and the motion passed unanimously.

7. Mr. Peercy introduced agenda item ***Administrative Regulation 105 KAR 1:130*** (*Video 00:06:38 to 00:11:06*). First, Ms. Beaubien gave recognition to Addison Burns, Legal Intern, who helped assist with this administrative regulation. Ms. Beaubien presented this new administrative regulation regarding hazardous position coverage. Ms. Beaubien stated that this administrative regulation establishes the requirements, procedures, and forms for requesting hazardous position coverage or converting nonhazardous position coverage to hazardous position coverage. This amendment updates the language throughout the regulation to be consistent with the language used in all Kentucky Public Pensions Authority regulations and the definitions found in 105 KAR 1:001. Ms. Beaubien stated the details have been added about the processes and procedures for requesting or converting to hazardous position coverage that are currently being used. Lastly, the forms incorporated by reference have been updated for clarity and consistency. Ms. Beaubien clarified that there were no new processes. Ms. Bass added they have been trying to highlight key points in the memo but welcomed any suggestions on how to better inform the Committee of major changes.

Mr. Cheatham made a motion to approve administrative regulation 105 KAR 1:142 as presented regarding Hazardous Position Coverage and to forward it to the full KPPA Board for its approval. Mr. Powell seconded the motion, and the motion passed unanimously.

8. There being no further business, Mr. Peercy ***adjourned*** the meeting.

The remainder of this page left blank intentionally.

CERTIFICATION

I do certify that I was present at this meeting, and I have recorded the above actions of the Kentucky Public Pensions Authority Ad Hoc Regulation Committee on the various items considered by it at this meeting. Further, I certify that all requirements of KRS 61.805-61.850 were met in conjunction with this meeting.

Recording Secretary

We, the Chair of the Kentucky Public Pensions Authority Ad Hoc Regulation Committee and Executive Director, do certify that the Minutes of Meeting held on September 4, 2024, were approved on March 6, 2025.

KPPA Ad Hoc Regulation Committee Chair

Executive Director

I have reviewed the Minutes of the September 4, 2024, Kentucky Public Pensions Authority Ad Hoc Regulation Committee Meeting for content, form, and legality.

Executive Director, Office of Legal Services

MEMORANDUM

TO: Ad Hoc Regulation Committee (“Committee”) for the Board of the Kentucky Public Pensions Authority (“Board”)

FROM: Nathan Goodrich, Staff Attorney Supervisor, Non-Advocacy Division, Office of Legal Services

DATE: February 13, 2025

RE: Committee approval of recommendation of KPPA staff to present a new administrative regulation, 105 KAR 1:202, Notification of Retirement to the full Board for approval to file with the Office of the Regulations Compiler at the Legislative Research Commission (“Regulations Compiler”)

Purpose of new administrative regulation:

Kentucky Revised Statutes 61.505(1)(g) authorizes the Board to promulgate and amend administrative regulations “on behalf of the Kentucky Retirement Systems and the County Employees Retirement System, individually or collectively” if the regulations are consistent with the provisions of Kentucky Revised Statutes 16.505 to 16.652, 61.510 to 61.705, 78.510 to 78.852, and 61.505. 105 KAR 1:202, Notification of Retirement, is consistent with these provisions of the Kentucky Revised Statutes.

This new administrative regulation sets out the use of the Form 6000, Notification of Retirement and incorporates it by reference. The Form 6000 Notification of Retirement is used to apply for retirement. Adopting this regulation will simplify KPPA’s regulation process by permitting KPPA to cross-reference this regulation in other regulations and then update this regulation if there are changes to the Form 6000 Notification of Retirement. Currently when a form that has been incorporated by reference is amended, KPPA must follow the procedures in KRS 13A.2255 for each regulation affected. KPPA must obtain a determination from the regulations compiler whether the amendments are technical in nature. If the amendments are determined not to be technical in nature, each regulation that incorporates the form by reference must go through the amendment process.

Much thanks to KPPA’s former policy specialist, Jessica Beaubien, for completing her work on this regulation before leaving KPPA.

Staff Recommendation:

The Office of Legal Services requests that the Committee review the attached materials and recommend presenting 105 KAR 1:202 Notification of Retirement, for filing approval to the full Board at the March 20, 2025 meeting.

List of attached materials:

1. 105 KAR 1:202 Notification of Retirement.
2. Form 6000, "Notification of Retirement" November 2024

1 FINANCE AND ADMINISTRATION CABINET

2 Kentucky Public Pensions Authority

3 (New)

4 105 KAR 1:202 Notification of Retirement.

5 RELATES TO: KRS 16.505 to 16.652, 61.505, 61.610 to 61.705, and 78.510 to
6 78.852

7 STATUTORY AUTHORITY: KRS 61.505

8 NECESSITY, FUNCTION, AND CONFORMITY: KRS 61.505(1)(g) authorizes the
9 Kentucky Public Pensions Authority to promulgate administrative regulations on behalf
10 of the Kentucky Retirement Systems and the County Employees Retirement System
11 that are consistent with, and are necessary or proper in order to carry out the provisions
12 of, KRS 16.505 to 16.652, 61.505, 61.510 to 61.705, and 78.510 to 78.852. This
13 administrative regulation establishes the use of the Form 6000, Notification of
14 Retirement.

15 Section 1. Uses.

16 (1) The Form 6000, Notification of Retirement, shall be used by participants to apply
17 for:

18 (a) Retirement based on service as established in KRS 16.576, 16.577, 16.583,
19 61.559, 61.595(2), 61.597(6), 78.5510(2) through (3), 78.5512(6), 78.5514, and 78.5516;
20 or

1 (b) Disability retirement as established in KRS 16.582, 61.600, 61.621, 61.665,
2 78.545, 78.5522, and 78.5524.

3 (2) The Form 6000, Notification of Retirement, shall be used as established by:

4 (a) 105 KAR 1:020;

5 (b) 105 KAR 1:200;

6 (c) 105 KAR 1:210;

7 (d) 105 KAR 1:310;

8 (e) 105 KAR 1:390; and

9 (f) 105 KAR 1:455;

10 Section 2. Incorporation by Reference.

11 (1) The Form 6000, "Notification of Retirement", November 2024, is incorporated by
12 reference.

13 (2) This material may be inspected, copied, or obtained, subject to applicable
14 copyright law, at the Kentucky Public Pensions Authority, 1260 Louisville Road,
15 Frankfort, Kentucky 40601, Monday through Friday, 8 a.m. to 4:30 p.m. This material is
16 also available on the agency's Web site at <https://kyret.ky.gov>.

APPROVED:

RYAN BARROW,
EXECUTIVE DIRECTOR
KENTUCKY PUBLIC PENSIONS AUTHORITY

DATE

PUBLIC HEARING AND PUBLIC COMMENT PERIOD: A public hearing to allow for public comment on this administrative regulation shall be held on Wednesday, June 25 at 10:00 a.m. at Eastern Time at the Kentucky Public Pensions Authority (KPPA), 1270 Louisville Road, Frankfort, Kentucky 40601. Individuals interested in presenting a public comment at this hearing shall notify this agency in writing no later than five workdays prior to the hearing of their intent to attend. If no notification of intent to attend the hearing was received by that date, the hearing may be cancelled. A transcript of the public hearing will not be made unless a written request for a transcript is made.

If you do not wish to be heard at the public hearing, you may submit written comments on the proposed administrative regulation. Written comments shall be accepted until June 30, 2025. Send written notification of intent to be heard at the public hearing or written comments on the proposed administrative regulation to the contact person.

KPPA shall file a response with the Regulations Compiler to any public comments received, whether at the public comment hearing or in writing, via a Statement of Consideration no later than the 15th day of the month following the end of the public comment period, or upon filing a written request for extension, no later than the 15th day of the second month following the end of the public comment period.

CONTACT PERSON: Nathan Goodrich, Staff Attorney Supervisor, Kentucky Public Pensions Authority, 1260 Louisville Road, Frankfort, KY 40601, email Legal.Non-Advocacy@kyret.ky.gov, telephone (502) 696-8800 ext. 8570, facsimile (502) 696-8615.

REGULATORY IMPACT ANALYSIS AND TIERING STATEMENT

Regulation number: 105 KAR 1:202
Contact person: Nathan Goodrich
Phone number: 502-696-8800 ext. 8570
Email: Legal.Non-Advocacy@kyret.ky.gov

(1) Provide a brief summary of:

(a) What this administrative regulation does: This administrative regulation establishes the use of the Form 6000, Notification of Retirement.

(b) The necessity of this administrative regulation: This administrative regulation is necessary to establish the use of the Form 6000, Notification of Retirement.

(c) How this administrative regulation conforms to the content of the authorizing statutes: KRS 61.505(1)(g) authorizes the Kentucky Public Pensions Authority to promulgate administrative regulations on behalf of the Kentucky Retirement Systems and the County Employees Retirement System that are consistent with, and are necessary or proper in order to carry out the provisions of, KRS 16.505 to 16.652, 61.505, 61.510 to 61.705, and 78.510 to 78.852. This administrative regulation is consistent with and necessary to carry out those provisions.

(d) How this administrative regulation currently assists or will assist in the effective administration of the statutes: This administrative regulation will assist with the effective administration of the statutes by establishing the use of the Form 6000, Notification of Retirement.

(2) If this is an amendment to an existing administrative regulation, provide a brief summary of:

(a) How the amendment will change this existing administrative regulation: This is a new administrative regulation.

(b) The necessity of the amendment to this administrative regulation: This is a new administrative regulation.

(c) How the amendment conforms to the content of the authorizing statutes: This is a new administrative regulation.

(d) How the amendment will assist in the effective administration of the statutes: This is a new administrative regulation.

(3) List the type and number of individuals, businesses, organizations, or state and local governments affected by this administrative regulation: This administrative regulation will affect approximately 420,609 participants in the Kentucky Employees Retirement System (KERS), the State Police Retirement System (SPRS), and the County Employees Retirement System (CERS).

(4) Provide an analysis of how the entities identified in question (3) will be impacted by either the implementation of this administrative regulation, if new, or by the change, if it is an amendment, including:

(a) List the actions that each of the regulated entities identified in question (3) will

have to take to comply with this administrative regulation or amendment: There are no regulated entities affected by this administrative regulation.

(b) In complying with this administrative regulation or amendment, how much will it cost each of the entities identified in question (3): None.

(c) As a result of compliance, what benefits will accrue to the entities identified in question (3): Compliance with the administrative regulation will allow participants in KERS, SPRS, and CERS to apply for service retirement or disability retirement.

(5) Provide an estimate of how much it will cost to implement this administrative regulation:

(a) Initially: None.

(b) On a continuing basis: None.

(6) What is the source of the funding to be used for the implementation and enforcement of this administrative regulation: Administrative expenses of the Kentucky Public Pensions Authority are paid from the Retirement Allowance Account (trust and agency funds).

(7) Provide an assessment of whether an increase in fees or funding will be necessary to implement this administrative regulation, if new, or by the change if it is an amendment: There is no increase in fees or funding required.

(8) State whether or not this administrative regulation establishes any fees or directly or indirectly increases any fees: This administrative regulation does not establish any fees or directly or indirectly increase any fees.

(9) TIERING: Is tiering applied? (Explain why or why not) Tiering is not applied. All participants are subject to the same processes and procedures.

FISCAL IMPACT STATEMENT

Regulation number: 105 KAR 1:202
Contact person: Nathan Goodrich
Phone number: 502-696-8800 ext. 8570
Email: Legal.Non-Advocacy@kyret.ky.gov

(1) Identify each state statute, federal statute, or federal regulation that requires or authorizes the action taken by the administrative regulation. KRS 61.505(1)(g)

(2) Identify the promulgating agency and any other affected state units, parts, or divisions: The promulgating agency for this administrative regulation is the Kentucky Public Pensions Authority (KPPA). This administrative regulation will affect the KPPA, and approximately 349 state government employers that participate in the Kentucky Employees Retirement System (KERS) and 872 employers that participate in the State Police Retirement System (SPRS).

(a) Estimate the following for the first year:

Expenditures: None.

Revenues: None.

Cost Savings: None.

(b) How will expenditures, revenues, or cost savings differ in subsequent years? Expenditures, revenues and cost savings will not differ in subsequent years.

(3) Identify affected local entities (for example: cities, counties, fire departments, school districts): The County Employees Retirement System (CERS) and 1,120 county and local employers that participate in CERS.

(a) Estimate the following for the first year:

Expenditures: None.

Revenues: None.

Cost Savings: None.

(b) How will expenditures, revenues, or cost savings differ in subsequent years? There should be no expenditures, revenues, or cost saving for this administrative regulation in subsequent years because this administrative regulation is being administered as written.

(4) Identify additional regulated entities not listed in questions (2) or (3): None.

(a) Estimate the following for the first year:

Expenditures: None.

Revenues: None.

Cost Savings: None.

(b) How will expenditures, revenues, or cost savings differ in subsequent years? Expenditures, revenues and cost savings will not differ in subsequent years.

(5) Provide a narrative to explain the:

(a) Fiscal impact of this administrative regulation: This administrative regulation will not have a fiscal impact.

(b) Methodology and resources used to determine the fiscal impact: This administrative regulation will not have a fiscal impact.

(6) Explain:

(a) Whether this administrative regulation will have an overall negative or adverse major economic impact to the entities identified in questions (2) - (4). (\$500,000 or more, in aggregate) This administrative regulation will not have a major economic impact.

(b) The methodology and resources used to reach this conclusion: This administrative regulation will not have a major economic impact.

SUMMARY OF MATERIAL INCORPORATED BY REFERENCE

Form 6000, Notification of Retirement, is a fourteen (14) page form that is an application for service retirement or disability retirement.



KENTUCKY PUBLIC PENSIONS AUTHORITY

1260 Louisville Road • Frankfort, KY 40601
 Phone: (502) 696-8800 • Fax: (502) 696-8822 • kyret.ky.gov

Revised 11/2024

Notification of Retirement Instructions

Ready to retire? Completing this form is your first step. Please call our office at 1-800-928-4646 if you have questions or if you need assistance completing forms. Members are encouraged to visit our website at kyret.ky.gov for additional information.

Form 6000 - Notification of Retirement

You should submit your Form 6000 at least one month prior to your effective retirement date. Please note that you cannot file your Form 6000 more than 6 months prior to termination of employment. Disability Retirement applicants must complete Section I.

The Form 6000 contains several sections. Please review this form carefully and refer to the instructions for each section. Additional instructions for completing Section F - Tax Withholding are provided on page 3.

Date of Birth Verification for Member and Beneficiary is required.

Please write your Member ID on all copies you submit.

Acceptable forms of date of birth verification include the following:

- State Issued Driver's License or State Issued ID
- Birth Certificate
- U.S. Passport
- Military Discharge
- Immigration and Naturalization Records
- Age record of the Social Security Administration

Your Member ID

Your Member ID is a unique account number for your KPPA account. If you received this form from our office, your Member ID is provided. If you access this form from our website and don't know your Member ID, you can contact our office at 1-800-928-4646. You will need to provide your Social Security Number and your four-digit KPPA PIN to obtain your Member ID.

Form 6200 - Insurance Application

If you will be receiving a monthly payment, you may be eligible for health insurance coverage for you, your spouse, and eligible dependents. KPPA offers Medicare and non-Medicare plans. You may access insurance applications and enrollment booklets by visiting our website at kyret.ky.gov. Please call our office to request a printed copy.

You must return an insurance application by the deadlines described below, even if you wish to waive coverage. If you fail to return a completed application, you will be enrolled automatically into a default plan for the current plan year. If you choose not to participate in the coverage, you will need to complete the Form 6200 to waive your coverage; otherwise, you will be enrolled automatically into a default plan as described above.

Insurance Application Deadlines

For insurance coverage to begin the same month as your retirement payment, you must file a Form 6200 with our office by the last day of the month *prior* to the month you retire. For example:

Retirement Date	Application Due By	Insurance Effective Date
May 1	April 30	May 1

If you miss the above deadline, you can still submit an application. Your Form 6200 must be filed with our office within 30 days of the first day of the month in which you retire. For example:

Retirement Date	Application Due By	Insurance Effective Date
May 1	May 30	June 1



Additional instructions are provided on the following page. Keep reading to find out your deadline for returning retirement forms.

Your Next Step: Check your mailbox.

Once we process your Form 6000, we will send you additional forms for completion. The checklists below will help you decide which forms you need to return to our office.

If you elect to receive a monthly benefit, complete and return the following:

- Form 6010, Estimated Retirement Allowance
- Form 6200, Insurance Application (*refer to insurance application and deadlines on page 1*)

If you elect to receive a Partial Lump Sum or a refund complete and return the following:**

- Form 6010, Estimated Retirement Allowance
- Form 6025, Direct Rollover/Direct Payment Election

***We require additional verification from your employer before we can process a refund which may delay your check. Upon receipt of the above forms, we will mail required forms to you and your employer for completion.*



All required forms and documentation must be filed with our office by the last day of the month prior to your effective retirement date. You are responsible for filing your insurance application prior to the deadlines noted on page 1 or you will be enrolled automatically into a default plan.

Retirement Date	Due Date
January 1	December 31
February 1	January 31
March 1	February 28
April 1	March 31
May 1	April 30
June 1	May 31
July 1	June 30
August 1	July 31
September 1	August 31
October 1	September 30
November 1	October 31
December 1	November 30

If you have any questions, please contact our office at (502) 696-8800 or (800) 928-4646. Our office is open from 8:00 am to 4:30 pm Monday through Friday.



KENTUCKY PUBLIC PENSIONS AUTHORITY

1260 Louisville Road • Frankfort, KY 40601
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Form W4-P Instructions

Your monthly retirement benefit is subject to federal taxes. **You may choose your federal tax withholding preference by completing Section F of your Form 6000, Notification of Retirement. *If you do not complete Section F, KPPA will automatically withhold federal income tax as single with no adjustments.*** You may find the worksheets below helpful when completing Section F.

Additional information is available on the Internal Revenue Service website at www.irs.gov.

Purpose. Form W4-P is for U.S. citizens, resident aliens, or their estates who are recipients of pensions, annuities (including commercial annuities), and certain other deferred compensation. Use Form W4-P to tell payers the correct amount of federal income tax to withhold from your payment(s). You also may use Form W4-P to choose (a) not to have any federal tax withheld from the payment (except for eligible rollover distributions or payments to U.S. citizens delivered outside the United States or its possessions) or (b) to have an additional amount of tax withheld.

What do I need to do? Use the worksheets on the following page to further adjust your withholding allowances for itemized deductions, adjustments to income, any additional standard deduction, certain credits, or multiple pensions/more-than-one-income situations. If you do not want any federal income tax withheld (see Purpose, earlier), you can skip the worksheets and go directly to the Form W4-P, Section F of the Form 6000.

Future developments. For the latest information about any future developments affecting Form W-4P, such as legislation enacted after we release it go to www.irs.gov/w4p.

Filing Status: **Single** or **Married filing separately** **Married filing jointly** or **Qualifying widow(er)**

Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

Step 1: Multiple Pensions/More-Than-One-Income Worksheet (Keep for your records.)

Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity.

Do **only one** of the following.

(a) Reserved for future use.

(b) Complete the items below.

(i) If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs less the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter "-0-" \$ _____

(ii) If you (and/or your spouse) have any other pensions/annuities that pay less annually than this one, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter "-0-" \$ _____

(iii) Add the amounts from items (i) and (ii) and enter the **total** here \$ _____

TIP: To be accurate, submit a 2022 Form W-4P for all other pensions/annuities. Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019.

If (b)(i) is blank and this pension/annuity pays the most annually, complete Steps 2–3(b) on this form. Otherwise, do not complete Steps 3–4(b) on this form.

Step 2. Claim Dependents and Other Credits (Keep for your records)

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000 \$ _____

Multiply the number of other dependents by \$500 \$ _____

Add other credits, such as foreign tax credit and education tax credits \$ _____

Add the amounts for qualifying children, other dependents, and other credits and enter the total here \$ _____

Form W-4P Instructions *Continued*

Step 4. Other Adjustments (Keep for your records)

- a) **Other income (not from jobs or pension/annuity payments).** If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends \$ _____
- b) **Deductions.** If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here \$ _____
- c) **Extra withholding.** Enter any additional tax you want withheld from **each payment** \$ _____

Step 4. Deductions, Adjustments, and Additional Income Worksheet

- 1 Enter an estimate of your 2022 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income 1 \$ _____
- 2 Enter: • \$25,900 if you're married filing jointly or qualifying widow(er)
• \$19,400 if you're head of household
• \$12,950 if you're single or married filing separately 2 \$ _____
- 3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" 3 \$ _____
- If line 3 equals zero, and you (or your spouse) are 65 or older, enter:
• \$1,750 if you're single or head of household.
• \$1,400 if you're a qualifying widow(er) or you're married and one of you is under age 65.
• \$2,800 if you're married and both of you are age 65 or older
- 4 Otherwise, enter "-0-". See Pub. 505 for more information 4 \$ _____
- 5 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information 5 \$ _____
- 6 Add lines 3 through 5. Enter the result here and in Step 3(b) on Form W-4P 6 \$ _____



KENTUCKY PUBLIC PENSIONS AUTHORITY
 1260 Louisville Road • Frankfort, KY 40601
 Phone: (502) 696-8800 • Fax: (502) 696-8822 • kyret.ky.gov



Form 6000
 Revised 04/2024

Notification of Retirement

Please read the instructions for each section and complete all information requested in Sections A-G. Section H must be completed by your current employer. Section I must also be completed if applying for disability retirement.

Section A: Member Information

You must attach a copy of your birth verification.

Member Name:		Member ID:	
KPPA will update contact information for your retirement account based on the details provided below.			
Address:	City:	State:	Zip Code:
Personal Email Address:		Phone:	
Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		

Please note: If your current legal name or your beneficiary's current legal name is not the same as the name on the date of birth verification you have submitted we will also require verification of name change. Acceptable name change verification includes:

- State Issued Driver's License or State Issued ID
- Marriage Certificate
- Court Order
- U.S. Passport
- Immigration and/or Naturalization Documents
- Social Security Card

You must provide a termination date and retirement date below.

Termination Date: _____
 Month Day Year

Retirement Date: _____ 1, _____
 Month Year

(YOUR TERMINATION DATE MUST BE PRIOR TO YOUR RETIREMENT DATE.)

(YOUR RETIREMENT DATE MUST BE THE FIRST DAY OF THE MONTH.)

Section B - Type of Retirement and Retirement Systems

Check the appropriate box or boxes to indicate the types of retirement and retirement systems from which you intend to retire. (Check all that apply). If applying for normal or early retirement, you may not submit this form more than 6 months prior to your retirement date. You must terminate employment to be eligible for early or normal retirement benefits.

Disability Retirement applicants must complete Section I.

<input type="checkbox"/> NORMAL OR EARLY RETIREMENT	<input type="checkbox"/> DISABILITY RETIREMENT
<input type="checkbox"/> Kentucky Employees Retirement System - KERS (state employees, health departments, universities) <input type="checkbox"/> County Employees Retirement System - CERS (city, county, local governments, classified employees of boards of education) <input type="checkbox"/> State Police Retirement System - SPRS (full-time officers of Kentucky State Police)	

Other State Administered Retirement Systems

If you have an account in one of the systems administered by the Kentucky Public Pensions Authority (KERS, CERS, or SPRS) and in one of the other state administered retirement systems (listed below), you will need to complete the retirement application for the other system in order to be eligible for reciprocal benefits from all systems.

- Teachers' Retirement System - (certified employees of boards of education)**
- Legislators' Retirement Plan - LRP (State Senators and Representatives)**
- Judicial Retirement Plan - JRP (Judges)**

Section C - Retirement Account Beneficiary Designation

Your account beneficiary can only be one person, a trust or your estate. Indicate your beneficiary by checking one of the beneficiary types below and providing the necessary information. This designation will become invalid if you file a new Form 6000 prior to your effective retirement date or if this form is voided.

Member Name:	Member ID:
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Person Attach a copy of this person's birth verification to this form with your Member ID written on it.

Name:		Social Security Number:	
Date of Birth:		<input type="radio"/> Male	<input type="radio"/> Female
Relationship:		<input type="checkbox"/> Check this box if this person is also your legal spouse.	
Address:	City:	State:	Zip Code:

My Estate No additional information required.

Living Trust The following information is required to designate a living trust. You must write the name of the trust as it appears in the trust document and submit a copy of the trust with this form. A charitable organization or a religious charity cannot be named as beneficiary unless it is a trust.

Name of Trust:			
Trust Tax ID:			
Trustee or Successor Trustee Contact Information: Our office will contact the trustee listed below following your death.			
Trustee:		Successor Trustee (if applicable):	
Address:	City:	State:	Zip Code:

Testamentary Trust A testamentary trust is established by the member's will and takes effect following the member's death. No additional information required.

Section D - \$5000 Death Benefit from Kentucky Public Pensions Authority - Complete only if eligible
To be eligible for this benefit, you must be a retired member receiving a monthly benefit on the date of your death from Kentucky Public Pensions Authority based on a minimum of 48 months of service.

If eligible for this benefit, you may name one death benefit beneficiary. This designation is not valid if you designate more than one beneficiary. Your estate will become your default beneficiary if this designation is deemed to be invalid. This designation may be changed at any time prior to your death by filing a properly completed Form 6030, Death Benefit Designation.

Member Name:	Member ID:
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Person You may only name one person as your death benefit beneficiary.

Name:		Social Security Number:	
Date of Birth:	Relationship:	<input type="radio"/> Male	<input type="radio"/> Female
Address:	City:	State:	Zip Code:

My Estate No additional information required.

Living Trust The following information is required to designate a living trust. You must write the name of the trust as it appears in the trust document and submit a copy of the trust with this form. A charitable organization or a religious charity cannot be named as beneficiary unless it is a trust.

Name of Trust:			
Trust Tax ID:			
Trustee or Successor Trustee Contact Information: Our office will contact the trustee listed below following your death.			
Trustee:		Successor Trustee (if applicable):	
Address:	City:	State:	Zip Code:

Testamentary Trust A testamentary trust is established by the member's will and takes effect following the member's death. No additional information required.

Funeral Home Please enclose a copy of the Funeral Home License with your Member ID written on it.

Funeral Home Legal Name:		Funeral Home License Number:	
Funeral Home Tax ID:	Contact Name:	Phone:	
Address:	City:	State:	Zip Code:

Section E - Authorization for Deposit of Retirement Payment

Complete this section to authorize deposit of your retirement benefit directly into your account at a financial institution.

Financial Institution Information: The financial institution may be a bank, savings bank, savings and loan association, credit union, or similar institution that is a member of the Automated Clearing House (ACH). Your direct deposit institution may be changed at any time by filing a properly completed Form 6130, Authorization for Deposit of Retirement Payment.

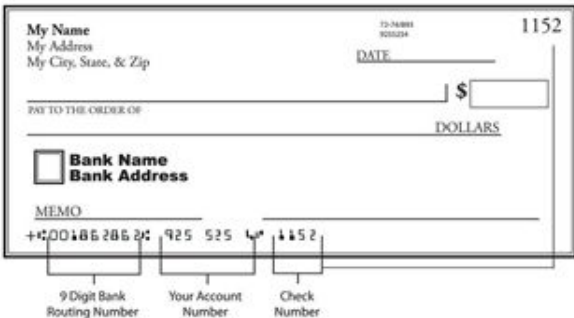
Financial Institution Name: _____

Depositor Routing Number: _____

Depositor Account Number: _____

Account Type: Checking Savings

For your convenience:
The sample check shows where to locate the required bank information to complete your Direct Deposit.



Required Documents: Please indicate the documentation you are submitting with this form.

For deposits to a Checking Account:
I have attached to this form a VOIDED personalized check verification from my financial institution

For deposits to a Savings Account:
I have attached to this form verification from my financial institution

Attach Voided Check Here:

(Attach Voided Check Here)

I acknowledge that electronic payments to the designated account must comply with the provisions of U.S. law, as well as the requirements of the Office of Foreign Assets Control (OFAC) and National Automated Clearing House Association (NACHA) regulations. I certify that the entire payment that the Kentucky Public Pensions Authority sends electronically to the financial institution I have designated, is not subject to being transferred to a foreign bank. I agree to notify the Kentucky Public Pensions Authority in writing immediately if the payment becomes subject to transfer to a foreign bank in the future.

If all required forms have been completed properly and returned by the end of the month prior to your retirement date, the first check will be deposited or mailed on the *14th* of the first month of retirement. **Due to deadlines required to establish a direct deposit, your first benefit payment is not guaranteed to be deposited to your account.** Many benefit payments for the first month of retirement are mailed. After the initial payment, the monthly benefit will be deposited to the retired member's account on the *14th* of each month. If the *14th* of the month is a weekend or holiday, the benefit will be mailed or deposited the business day prior. Members are required to have the monthly retirement benefit deposited directly to their bank accounts, unless their bank does not participate in the Automated Clearing House or the member does not have an account with a financial institution.

Section F - Tax Withholding

Your monthly retirement benefit is subject to federal taxes. You may choose your federal tax withholding preference below. If you do not complete this section correctly, KPPA will automatically withhold federal income tax based on Single with no adjustments. You may refer to the instructions for Form W4-P provided with your retirement application. You may change your tax withholding at any time by filing a properly completed Form 6017, W-4P, Tax Withholding.

Form **W-4P**
Department of the Treasury
Internal Revenue Service

**Withholding Certificate for
Pension or Annuity Payments**

OMB No. 1545-0074
FOR TAX YEAR IN WHICH
MEMBER RETIRES

Type or print your full name.			Member ID: Claim or identification number (if any) of your pension or annuity contract
Address:			
City:	State:	Zip Code:	

- No Taxes Withheld**
- Single or Married filing separately**
- Married filing jointly or Qualifying widow(er)**
- Head of household** (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

Complete Steps 2-4 ONLY if they apply to you.

Step 2: Income From a Job and/or Multiple Pensions/Annuities (Including a Spouse's Job/Pension/Annuity) Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity. Do **only one** of the following.

(a) Reserved for future use.

(b) Complete the items below.

(i) If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs less the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter "-0-" ▶ \$ _____

(ii) If you (and/or your spouse) have any other pensions/annuities that pay less annually than this one, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter "-0-" ▶ \$ _____

(iii) Add the amounts from items (i) and (ii) and enter the **total** here ▶ \$ _____

TIP: To be accurate, submit a 2022 Form W-4P for all other pensions/annuities. Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019. If you have self-employment income, see page 2.

If (b)(i) is blank and this pension/annuity pays the most annually, complete Steps 3-4(b) on this form. Otherwise, do not complete Steps 3-4(b) on this form.

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Step 3: Claim Dependent and Other Credits

Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____

Multiply the number of other dependents by \$500 ▶ \$ _____

Add other credits, such as foreign tax credit and education tax credits ▶ \$ _____

Add the amounts for qualifying children, other dependents, and other credits and enter the total here 3 \$ _____

Step 4: (optional): Other Adjustments

(a) **Other income (not from jobs or pension/annuity payments).** If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends 4(a) \$ _____

(b) **Deductions.** If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here 4(b) \$ _____

(c) **Extra withholding.** Enter any additional tax you want withheld from **each payment** 4(c) \$ _____

Section G - Certification of Bona Fide Separation from Service and Notification of Retirement

Subject to penalty of KRS 523.100: I acknowledge that federal and state law both require a bona fide separation from service with agencies participating in the Kentucky Public Pensions Authority or entities affiliated with participating agencies in order for the Kentucky Public Pensions Authority to pay a retirement benefit or to pay a refund of a retirement account.

If I am retiring, I affirm that I have had a separation from service with agencies participating in the Kentucky Public Pensions Authority or entities affiliated with participating agencies, or that I will have a separation from service with agencies participating in the Kentucky Public Pensions Authority or entities affiliated with participating agencies prior to my retirement date. I also affirm that I do not have a prearranged agreement to return to a participating agency or entities affiliated with participating agencies after my separation from service.

If I am taking a refund of my retirement account, I affirm that I have had a separation from service with agencies participating in the Kentucky Public Pensions Authority or entities affiliated with participating agencies. I also affirm that I do not have a prearranged agreement to return to a participating agency or entities affiliated with participating agencies after my separation from service.

I understand that the term "separation from service" as used in this affidavit means a complete severance of any kind of employment relationship (including but not limited to a relationship as an independent contractor or leased employee) with agencies participating in the Kentucky Public Pensions Authority or entities affiliated with participating agencies.

I understand that the term "prearranged agreement" as used in this affidavit means any contemplation of return to employment with agencies participating in the Kentucky Public Pensions Authority or entities affiliated with participating agencies.

I understand that the terms "agencies participating in the Kentucky Public Pensions Authority" and "participating agency" as used in this affidavit are to be construed in a broad manner, and include not only the agency itself, but also any entities affiliated with participating agencies, regardless of whether such entities are holding themselves out as legally separate entities.

I acknowledge that prior to accepting employment within twelve (12) months of my retirement date with an agency participating in the Kentucky Public Pensions Authority or entities affiliated with participating agencies, I have a duty to report such employment in writing to the Kentucky Public Pensions Authority pursuant to 105 KAR 1:390.

I acknowledge and understand that if I fail to comply with federal and state law regarding bona fide separation from service and break in service, my retirement shall be voided and I shall repay all retirement allowances, dependent child payments, and health plan premiums paid by the Kentucky Public Pensions Authority.

I certify the information in this Notification of Retirement is correct and that my employer has been informed of my intent to terminate employment on the date indicated on this form if applying for early/normal retirement. I understand the Kentucky Public Pensions Authority will send an estimated retirement allowance. **I acknowledge my estimated retirement allowance and benefits are subject to post retirement audit and adjustment after retirement. I acknowledge that I have full understanding that any person who provides a false statement, report, or representation is subject to penalty in accordance with KRS 523.100.**

Member's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

Witness' Signature: _____ Date: _____

NOTE: Signature of Member is required. Signature of either the Spouse **or** a Witness is also required. Failure to sign form and have your signature witnessed by either your spouse or another person will result in the form being voided.



Section H - Employer Certification of Leave Balances and Final Salary

Section H must be completed by your current employer and returned to the Kentucky Public Pensions Authority (KPPA) in order to include future salary, service and sick and compensatory leave balances in your estimated retirement allowance. Section H must be submitted no later than 30 days prior to the effective retirement date. If you are currently employed by more than one participating employer, each employer should complete a copy of Section H. If Section H is not submitted by the prescribed deadline, the KPPA will **exclude** all leave balances, future service and salary from the estimated retirement allowance. **Your estimated retirement allowance and benefits are subject to post retirement audit and adjustment after retirement.**

Employer Name:	Employer Code:
Member Name:	Member ID:
Termination Date:	
Employer's Report of Leave Balances as of:	
Does your agency participate in a sick leave program administered by KPPA? <input type="radio"/> Yes <input type="radio"/> No	
If yes above, select the type of sick leave plan: <input type="radio"/> Standard <input type="radio"/> Alternate	
Does the above member work an average of 21 days per month? <input type="radio"/> Yes <input type="radio"/> No	
If no above, please provide an Alternate Average Working Days Per Month: _____	

Standard Sick Leave Program: If participating in the standard sick leave program, please provide the following information.
 Note: Contributions should not be withheld from standard sick leave lump sum payouts.

Accumulated Sick Leave (in hours):	Hours in a Sick Leave Day:
------------------------------------	----------------------------

Alternate Sick Leave Program: If participating in the alternate sick leave program, please provide the following information.
 Note: Contributions should be withheld from alternate sick leave lump sum payouts.

Accumulated Sick Leave (in days):	Hours in a Sick Leave Day:
Estimated Compensation to be Paid for Sick Leave:	

School Board Certification (*school board employees only*): Indicate the number of actual days the member will have worked through the expected termination date. If the days occur in different school years, please list each school year separately below.

Actual Days Worked through Expected Termination Date	
School Year	Number of Actual Days

⚠ Section H is continued on the following page. You must complete the Employer Certification at the end of Section H.



Section H Continued - Employer Certification of Leave Balances and Final Salary

Employer Name:	Employer Code:
Member Name:	Member ID:

Note to Employer:

KPPA will provide calculations to the member based upon the information you certify below. Due to the reporting process there may be a delay from the time you report it to the time it is available for use in the calculation. For this reason we ask that you verify the actual earned wages for the three months prior to the date you are completing this certification and each month thereafter through member's anticipated date of termination.

Employer's Report of Final Salary

You may select from the following payment reasons:
Regular Pay, Regular Pay with Additional Creditable

Posting Month	Payment Reason	Salary

Employer Certification

I certify that the leave balances and estimated final salary information provided above is accurate based upon our agency's records. I state that I have full knowledge of the penalty in KRS 523.100 related to falsification of records and that the information provided is true and accurate.

Printed Name of Agency Official: _____

Title: _____ Agency Phone Number: _____

Signature of Agency Official: _____ Date: _____

Section I - Member's Statement of Disability
If additional space is required to answer the questions, you may use and attach additional paper.

Member Name:	Member ID:
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1. List the diagnoses of the injury, illness, or disease for which you are applying for disability:

2. Describe how the diagnoses listed above on this page prevent you from performing your essential job duties:

3. Describe the history of the diagnoses listed above, including the onset or start of your symptoms or complaints:

4a. If you are a non-hazardous employee, are you claiming that you are totally and permanently disabled from performing any occupation for remuneration or profit as a result of a single traumatic event that occurred while you were performing the duties of your job or a single act of violence committed against you that was related to your job duties?


Yes No

Please note: A duty related injury does not include the effects of the natural aging process, a communicable disease unless the risk of contracting the disease is increased by the nature of the employment, or a psychological, psychiatric, or stress related change unless the direct result of a physical injury.

4b. If you are a hazardous employee, are you claiming that you are disabled due to an act in line of duty by either a single act occurring while performing the principal duties of your job or a single act of violence against you that was related to your job duties?

Yes No

If you answered yes to 4a or 4b, describe specific date, time, and circumstances of the duty related injury or act in line of duty below. Please attach a copy of the employer incident report to this form. Failure to attach the employer incident report will delay your disability application.

 **Section I is continued on the following page. You must complete the Certification at the end of Section I.**

Section I Continued - Member's Statement of Disability

Member Name: _____	Member ID: _____
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Last Day of Paid Employment

Last Day of Paid Employment: The last day of paid employment is the last day for which contributions were reported and for which you were eligible to receive retirement credit. Identify the month, day, and year that is your last day of paid employment, or if you are still working or on paid leave, identify the month, day, and year that is your anticipated last day of paid employment.

Last Day of Paid Employment: _____

Month Day Year

You will be sent an estimate of disability retirement benefits, subject to post retirement audit and adjustment after retirement, based upon your last day of paid employment in a regular full-time position assuming your application for disability retirement benefits is approved. If approved for disability benefits, you will receive benefits effective the first day of the month following your last day of paid employment.

Certification and Authorization

I certify the information on this Statement of Disability, Section I, is true and correct. I acknowledge that any person who makes a false statement, report, or representation is subject to penalty pursuant to KRS 523.010 to 523.110.

I authorize the Authority, its agents, servants, and employees to have full and complete access to any and all medical records of mine, whether or not related to this injury, illness, or disease, and authorize the Authority, and its agents, servants, and employees to discuss such records as it may be necessary at any meeting of the Board in connection with my application for disability retirement benefits.

I authorize my employer to release, furnish, disclose, or discuss with the Kentucky Public Pensions Authority all records or other information regarding my employment, including but not limited to, a description of job duties performed as of the last day of my employment, a description of the accommodations, assistance, or help that was offered or attempted or reasonably available to allow me to perform my essential job duties, a report of work injuries or accidents, my personnel file, or other employee records.

Signature of Member: _____

Date: _____

Signature of Witness: _____

Date: _____

MEMORANDUM

TO: Ad Hoc Regulation Committee (“Committee”) for the Board of the Kentucky Public Pensions Authority (“Board”)

FROM: Nathan Goodrich, Staff Attorney Supervisor, Non-Advocacy Division, Office of Legal Services

DATE: February 13, 2025

RE: Committee approval of recommendation of KPPA staff to present an amended administrative regulation, 105 KAR 1:200, Retirement Procedures to the full Board for approval to file with the Office of the Regulations Compiler at the Legislative Research Commission (“Regulations Compiler”)

Purpose of amended administrative regulation:

Kentucky Revised Statutes 61.505(1)(g) authorizes the Board to promulgate and amend administrative regulations “on behalf of the Kentucky Retirement Systems and the County Employees Retirement System, individually or collectively” if the regulations are consistent with the provisions of Kentucky Revised Statutes 16.505 to 16.652, 61.510 to 61.705, 78.510 to 78.852, and 61.505. 105 KAR 1:200, Retirement Procedures, is consistent with these provisions of the Kentucky Revised Statutes.

This administrative regulation sets out the procedures and forms required to apply for and receive retirement benefits. This regulation was amended to update the language throughout the regulation to be consistent with the language used in all Kentucky Public Pensions Authority regulations and the definitions found in 105 KAR 1:001. Details have been added regarding the steps necessary to successfully apply for retirement. This regulation was amended to include the processes and procedures being utilized by the KPPA. Section 7 clarifies when KPPA will void a Form 6000 Application for Retirement. Lastly, several required forms have been updated and incorporated by reference.

Much thanks to KPPA’s former policy specialist, Jessica Beaubien, for completing her work on this regulation before leaving KPPA.

Staff Recommendation:

The Office of Legal Services requests that the Committee review the attached materials and recommend presenting 105 KAR 1:200 Retirement Procedures, for filing approval to the full Board at the March 20, 2025 meeting.

List of attached materials:

1. 105 KAR 1:200 Retirement Procedures.
2. Form 2035, "Beneficiary Designation", December 2024

3. Form 6010, "Estimated Retirement Allowance", April 2024
4. Form 6017, "Federal Income Tax Withholding Preference for Periodic Payments", January 2024
5. Form 6025, "Direct Rollover/Direct Payment Election Form for a Member, Beneficiary, or Alternate Payee Regarding an Eligible Rollover Distribution ", June 2023
6. Form 6030, "Death Benefit Designation", November 2024
7. Form 6035, "Beneficiary and Payment Option Change", April 2024
8. Form 6036, "Beneficiary Designation Change", April 2024
9. Form 6050 "Estimated Retirement Allowance", April 2022;
10. Form 6130, "Authorization for Deposit of Retirement Payment", November 2024; and
11. Form 6135, "Request for Payment by Check", April 2024.

1 FINANCE AND ADMINISTRATION CABINET

2 Kentucky Public Pensions Authority

3 (Amendment)

4 105 KAR 1:200. Retirement procedures ~~[and forms]~~.

5 RELATES TO: KRS 16.505-16.652, 61.505, 61.510-61.705, 78.510-78.852~~[16.576, 16.577,~~

6 ~~16.645, 61.590, 61.595, 61.623, 61.637, 61.680, 61.705, 78.545, 26 U.S.C. 401(a), 26 C.F.R.~~

7 ~~1.401-1, 1.401(a)-1]~~

8 STATUTORY AUTHORITY: KRS 61.505(1)(g), 61.590(1), 78.545~~[61.645(9)(e)]~~

9 NECESSITY, FUNCTION, AND CONFORMITY: KRS 61.505(1)(g) authorizes the Kentucky
10 Public Pensions Authority~~[KRS 61.645(9)(e) requires the Board of Trustees of Kentucky~~
11 ~~Retirement Systems]~~ to promulgate administrative regulations on behalf of the Kentucky
12 Retirement Systems and the County Employees Retirement System that are consistent with,
13 and are necessary or proper in order to carry out the provisions of, KRS 16.505 to 16.652,
14 61.505, 61.510 to 61.705,~~[16.505 to 16.652,]~~ and 78.510 to 78.852. KRS 61.590(1) and 78.545
15 require~~[requires]~~ that all forms and information~~[a member or beneficiary eligible to receive~~
16 ~~retirement benefits have on file at the retirement office each form]~~ required by the board are on
17 file to receive retirement benefits. This administrative regulation establishes the procedures and
18 forms required to apply~~[for application]~~ for and receive~~[receipt of]~~ retirement benefits~~[by~~
19 ~~members of the Kentucky Retirement Systems]~~.

20 Section 1. Definitions.

21 (1) "Applicant" means a participant who has:

22 (a) Applied or is applying for retirement in accordance with KRS 61.590 and 78.545; or

1 (b) Been approved for retirement but has not yet received a retirement allowance.

2 (2) "Disability retirement" means a retirement allowance a member is eligible to receive
3 based on an incapacity as established in KRS 16.582, 61.600, 61.621, 61.665, 78.545, 78.5522,
4 and 78.5524.

5 (3) "Early Retirement date" means a retirement date prior to a member's normal retirement
6 date that is not a disability retirement.

7 (4) "Effective retirement date" means the date upon which a member's service retirement
8 allowance or disability retirement allowance began or will begin, which may be a different date
9 than the date the payments are initiated.

10 (5) "Service retirement" means a retirement allowance a participant is eligible to receive as
11 prescribed by KRS 16.576, 16.577, 16.583, 61.559, 61.595(2), 61.597(6), 78.5510(2) through
12 (3), 78.5512(6), 78.5514, and 78.5516.

13 (6) "Termination Date" means the date in which the member has ceased or will cease his or
14 her employment relationship with all participating employers.

15 (7) "Unsubstantiated service" means:

16 (a) For school board employees, the actual days worked averages, or appears will average,
17 less than eighty (80) hours per month in a fiscal year, or is incomplete; or

18 (b) For non-school board employees, the actual worked time averages, or appears will
19 average, less than 100 hours per month in a fiscal or calendar year, or is incomplete.

20 Section 2. Form 6000. The use of the Form 6000, Notification of Retirement, in this
21 administrative regulation, is incorporated by reference in 105 KAR 1:202.

22 Section 3. Retirement eligibility requirements.

23 (1) Service retirement eligibility shall be determined in accordance with:

1 (a) KRS 16.576(1)(a), 61.559(1) and (2), 61.592(4), 78.5510(2), and 78.5514(2) for
2 applicants with a participation date prior to September 1, 2008;

3 (b) KRS 16.576(1)(b), 61.559(3), 61.592(4), 78.5510(3), and 78.5514(3) for applicants with
4 a participation date on or after September 1, 2008, but prior to January 1, 2014; and

5 (c) KRS 16.583(6), 61.592(4), 61.597(6), 78.5512(6), and 78.5516(6) for applicants with a
6 participation date on or after January 1, 2014.

7 (2) Disability retirement eligibility shall be determined in accordance with KRS 16.582,
8 61.600, 61.621, 61.665, 78.545, 78.5522, 78.5524, and 105 KAR 1:210.

9 Section 4. Application for retirement.

10 (1)[a] The applicant~~[member]~~ shall file~~[submit]~~ a valid Form 6000, Notification of
11 Retirement,~~[to the retirement systems]~~ no earlier than six (6) months prior to his or her~~[the~~
12 ~~member's]~~ desired effective retirement date.

13 (2)(a) The agency~~[retirement systems]~~ shall not process an invalid Form 6000, Notification
14 of Retirement. The Form 6000 shall be invalid if it:

15 1. Is incomplete;

16 2. Does not include all indicated required documentation;

17 3. Is not signed by the applicant and a spouse or other witness on the indicated place in the
18 Certification of Bona Fide Separation from Service and Notification of Retirement Section; and

19 4. It is not signed by the applicant and a witness on the indicated place in the Member's
20 Statement of Disability section if the applicant is applying for disability retirement.

21 (b) If the agency finds the~~[member submits a]~~ Form 6000 to be invalid, it shall provide
22 notification to the applicant~~[, Notification of Retirement, that is incomplete or is incorrect, the~~
23 ~~retirement systems shall find the Form 6000, Notification of Retirement, to be invalid and shall~~
24 ~~notify the member]~~ of the actions necessary for completion or correction.

1 ~~[(b) The retirement systems shall not process a Form 6000, Notification of Retirement, until~~
2 ~~the member certifies on the Form 6000 that there is no prearranged agreement for reemployment~~
3 ~~with a participating employer after the member's initial retirement date as required by KRS~~
4 ~~61.637, 26 U.S.C. 401(a), 26 C.F.R. 1.401-1, and 1.401(a)-1.]~~

5 ~~[(2) The member shall designate the beneficiary of the member's retirement allowance on~~
6 ~~the Form 6000, Notification of Retirement.]~~

7 ~~(3)[The Form 6000, Notification of Retirement, shall be dated and the member's signature~~
8 ~~shall be witnessed.]~~

9 ~~[(4)(a) If the applicant indicates[The member shall designate] on the Form 6000, Notification~~
10 ~~of Retirement, that he or she[all other state administered retirement systems from which the~~
11 ~~member] is simultaneously retiring with reciprocity,[-]~~

12 ~~[(b) and he or she[if the member] fails to retire from all state administered retirement~~
13 ~~systems indicated on the Form 6000 either simultaneously or with an effective retirement date~~
14 ~~within one (1) month of the applicant's[member's] effective retirement date with the systems[in~~
15 ~~the Kentucky Employees Retirement System, the County Employees Retirement System, or the~~
16 ~~State Police Retirement System], the applicant[member] shall not be eligible to retire with~~
17 ~~reciprocity[after the member's effective retirement date].~~

18 ~~(4)(a)[(5)(a) [The member may designate a federal tax withholding preference on the Form~~
19 ~~6000, Notification of Retirement.]~~

20 ~~[(b) If the applicant[member] fails to designate a federal tax withholding preference, the~~
21 ~~agency[retirement systems] shall withhold federal tax based on the default withholding provided~~
22 ~~by the Internal Revenue Service[married status with three (3) exemptions].~~

23 ~~(b)[(e) Once the applicant begins receiving a[A recipient of a monthly] retirement allowance,~~
24 ~~he or she may establish or change his or her federal tax withholding preference through the Self~~

1 Service Web site or by filing~~[submit]~~ a valid Form 6017, Federal Income Tax Withholding
2 Preference for Periodic Payments~~[to establish or change the recipient's federal tax withholding~~
3 ~~preference]~~.

4 ~~[(d) A recipient of a monthly retirement allowance may establish or change the recipient's~~
5 ~~tax withholding preference via Retiree Self Service on the Web site maintained by Kentucky~~
6 ~~Retirement Systems.]~~

7 (5)(a)~~[(6)(a)]~~ The applicant's estate shall be the~~[member may designate a]~~ beneficiary of the
8 \$5,000 death benefit if the applicant fails to:

9 1. Designate a beneficiary of the \$5,000 death benefit; or

10 2. Accurately fill out the \$5,000 Death Benefit Section of the Form 6000, Application for
11 Retirement, designating a single beneficiary~~[Death Benefit on the Form 6000, Notification of~~
12 ~~Retirement]~~.

13 (b) Once the applicant begins receiving a retirement allowance, he or she~~[A retired member]~~
14 ~~may~~~~[file a Form 6030, Death Benefit Designation, to]~~ designate or change the beneficiary of the
15 \$5,000 death benefit through the Self Service Web site or by filing a valid Form 6030, Death
16 Benefit Designation~~[at any time after the retired member begins receiving a monthly retirement~~
17 ~~allowance]~~.

18 ~~[(c) If the member does not designate a beneficiary of the \$5,000 death benefit, the~~
19 ~~member's estate shall be the beneficiary.]~~

20 ~~(d) If the member files a Form 6030, Death Benefit Designation, to change the beneficiary~~
21 ~~of the \$5,000 death benefit that is incomplete or incorrect, the member's beneficiary designation~~
22 ~~on file at the retirement office shall remain in effect.]~~

23 (6)(a)~~[(7)(a)]~~ The applicant~~[member]~~ shall authorize the direct deposit of his or her~~[the~~
24 ~~member's]~~ retirement allowance on the Form 6000, Notification of Retirement.

1 ~~[(b) The member shall attach to the Form 6000, Notification of Retirement:~~

2 ~~1. A voided personalized check for the account to which the retirement allowance is being~~
3 ~~deposited; or~~

4 ~~2. Verification from the financial institution receiving the electronic fund transfer.~~

5 ~~(c) A recipient of a monthly retirement allowance may change the designated financial~~
6 ~~institution or account by filing a Form 6130, Authorization for Deposit of Retirement Payment, at~~
7 ~~the retirement office in Frankfort.~~

8 ~~(d) A recipient of a monthly retirement allowance may establish or change the recipient's~~
9 ~~designated financial institution or account via Retiree Self Service on the Web site maintained~~
10 ~~by Kentucky Retirement Systems.]~~

11 (7)(a)[(e)] If the applicant does not have an account with a financial institution or the
12 applicant's financial institution does not participate in the electronic funds transfer program, the
13 applicant[The member] shall file[submit] a valid Form 6135, Request for Payment by Check,
14 simultaneously with the Form 6000, Notification of Retirement[if the member does not currently
15 have an account with a financial institution or the member's financial institution does not
16 participate in the electronic funds transfer program].

17 (b) Once a member begins receiving a retirement allowance, he or she may change the
18 designated financial institution or account through the Self Service Web site or by filing a valid
19 Form 6130, Authorization for Deposit of Retirement Payment.

20 (8)(a) Only applicants applying for disability retirement shall complete the Member's
21 Statement of Disability section of the Form 6000, Notification of Retirement. These applicants
22 shall also comply with the requirements of 105 KAR 1:210.

23 (b) Applicant who are not applying for disability retirement shall not complete the Member's
24 Statement of Disability section of the Form 6000, Notification of Retirement.

1 (9)(a) The applicant's[member's] current employer shall complete the Employer Certification
 2 of Leave Balances and Final Salary section[Section H] of the Form 6000, Notification of
 3 Retirement, as provided in 105 KAR 1:140 Section 15. If the employer does not submit a
 4 complete Employer Certification of Leave Balances and Final Salary section[Section H] of the
 5 Form 6000 no later than 30 days prior to the applicant's[employee's] effective retirement date as
 6 indicated on the Form 6000[~~Notification of Retirement~~], the agency[retirement systems]
 7 shall~~only~~ utilize the information reported to the agency by the applicant's[member's] employer
 8 and former employers~~[to the retirement systems]~~ in accordance with KRS 61.675 and 78.625,
 9 and shall not include~~[any additional]~~ sick leave, compensatory time,~~[or]~~ projected salary,
 10 projected service, or unsubstantiated service[increases] in its initial calculations of the
 11 applicant's[member's] retirement allowance or eligibility to retire, except as provided in
 12 paragraph (b) of this subsection.

13 (b) If the application is for disability retirement, the employer shall comply with the
 14 requirements of 105 KAR 1:210.

15 (c) The Employer Certification of Leave Balances and Final Salary section[Section H] of the
 16 Form 6000, Notification of Retirement, shall be signed by a person designated by the employer
 17 on file at the retirement office.

18 Section 5.[Section 2.] Verification of date of birth.

19 (1)(a) The applicant[member] shall file verification of his or her[provide the retirement
 20 systems with a copy of the member's birth certificate or other verification of] date of birth~~[of the~~
 21 ~~member]~~ and~~[, if survivorship payment option is selected, a copy of the birth certificate or other]~~
 22 verification of the date of birth of the beneficiary named on the applicant's[member's] Form 6000,
 23 Notification of Retirement:~~[.]~~

24 1. Prior to the agency processing the application; and

1 2. For disability retirement or retirement at an early retirement date, by the end of day six (6)
2 months following the date the valid Form 6000 was filed, or the Form 6000 shall be invalid.

3 ~~(b) If the member's or beneficiary's name is no longer the same as the name listed on the~~
4 ~~birth certificate or other verification of date of birth, the systems shall require the member or~~
5 ~~beneficiary to submit a marriage license, court order, or legally binding documentation of the~~
6 ~~name change.]~~

7 ~~[(2)]~~ The agency~~[retirement systems]~~ shall accept one (1) or more of the following as
8 verification~~[proof]~~ of date of birth of the applicant~~[member]~~ or beneficiary:

9 ~~1. [(a)]~~ Age record from~~[of]~~ the Social Security Administration;

10 ~~2. [(b)]~~ Immigration and naturalization service records;

11 ~~3. [(c)]~~ Birth certificate;

12 ~~4. [(d)]~~ Military discharge;

13 ~~5. [(e)]~~ U.S. passport;

14 ~~6. [(f)]~~ Driver's license or state issued identification that requires birth verification~~[issued by~~
15 ~~the Commonwealth of Kentucky]; or~~

16 ~~7. [(g)]~~ Other reliable proof of date of birth that may be used by the courts to verify the
17 person's date of birth.

18 (2) If the applicant's or beneficiary's name is no longer the same as the name listed on the
19 verification of date of birth, the applicant or beneficiary shall file a social security card, driver's
20 license, marriage certificate, court order, passport, or legally binding documentation verifying the
21 name change.

22 Section 6.~~[Section 3.]~~ Additional requirements.

23 (1) Based on the salary reported to the agency and information provided by the applicant's
24 employer, the agency~~[The retirement systems]~~ shall provide an estimate of the

1 applicant's[member's] retirement allowance on the Form 6010, Estimated Retirement Allowance,
2 which shall include:[based on the salary reported to the systems and information provided by
3 the member's employer.]

4 (a)[(2)] The payment options and amounts available to the applicant;

5 (b) A[member shall be printed on the Form 6010, Estimated Retirement Allowance, and
6 provided to the member with a] place to designate the applicant's[member's] choice of payment
7 option;[-]

8 (c)[(3)(a)] A place for the applicant to[The member shall designate a desired payment option
9 and] sign and date; and[the Form 6010, Estimated Retirement Allowance.]

10 (d)[(b)] A place for the spouse or other witness' signature[The member's signature on the
11 Form 6010, Estimated Retirement Allowance, shall be witnessed and the Form 6010, Estimated
12 Retirement Allowance, returned to the retirement office as required by subsection (4)(b) or (5) of
13 this section].

14 (2)(a)1. The applicant shall complete and file a valid Form 6010, Estimated Retirement
15 Allowance:

16 a. For disability retirement, in accordance with 105 KAR 1:210; or

17 b. For retirement at an early retirement date, by the end of day six (6) months following his
18 or her effective retirement date.

19 2. A Form 6010 shall not be valid if it is not completed in its entirety and signed by the
20 applicant and a spouse or other witness.

21 (b)1. If the applicant for retirement at an early retirement date fails to comply with paragraph
22 (2)(a)2. of this subsection, the Form 6000, shall be void.

1 2. The applicant may file a new valid Form 6000 to re-apply for retirement benefits. If the
2 applicant files a new valid Form 6000, he or she shall select a new effective retirement date that
3 shall not be prior to the date the new Form 6000 is filed.

4 (3) If an applicant is approved for disability retirement, he or she shall comply with the
5 requirements of 105 KAR 1:210 prior to receiving the approved disability retirement allowance.

6 (4) If the applicant selects a monthly retirement allowance or a partial lump-sum payment
7 option and is eligible for hospital and medical insurance in accordance with KRS 16.645, 61.702,
8 and 78.5536, he or she shall be provided with information on how to apply for hospital and
9 medical insurance in accordance with 105 KAR 1:411.

10 (5)(a) If the applicant selects an actuarial equivalent refund, lump-sum refund, or partial
11 lump-sum payment option, he or she shall complete and file a valid Form 6025, Direct
12 Rollover/Direct Payment Election Form for a Member, Beneficiary, or Alternate Payee Regarding
13 an Eligible Rollover Distribution, selecting the option for payment.

14 (b) If the applicant intends to have the funds rolled over directly into an IRA or other qualified
15 plan, the applicant shall have the trustee or institution relevant to the IRA or other qualified plan
16 complete the applicable section of the Form 6025 certifying that the rollover will be accepted.

17 Section 7. Voiding the Form 6000.

18 (1) The Form 6000, Notification of Retirement, shall be void if:

19 (a) The Form 6000 is invalid, and the applicant fails to comply with Section 4(2) and Section
20 5 of this administrative regulation;

21 (b) The Form 6000 is withdrawn;

22 (c) The applicant is applying for disability retirement and meets the requirements to void the
23 Form 6000 in accordance with 105 KAR 1:210 Section 20;

1 (d) The applicant is approved for retirement but fails to complete the requirements of Section
2 6 of this administrative regulation;

3 (e) The applicant died while the application is being processed and the beneficiary,
4 representative of the deceased applicant's estate, or trustee fails to complete the requirements
5 of Section 10 of this administrative regulation; or

6 (f) The applicant did not indicate on the Form 6000 that he or she was applying for disability
7 retirement, and the applicant is not eligible for service retirement.

8 (2)(a) If an applicant's Form 6000, Notification of Retirement, is void, the beneficiary or
9 beneficiaries and contingent beneficiary or beneficiaries designated on the most recently filed
10 valid Form 2035, Beneficiary Designation, shall remain in full force and effect, except as provided
11 in paragraph (b) of this subsection.

12 (b) This subsection shall not apply to a retirement account from which the applicant was
13 already receiving a retirement allowance.

14 Section 8. Administration of the Retirement allowance.

15 (1)(a) The agency shall not process a monthly retirement allowance until the applicant has
16 completed and filed all requirements of this administrative regulation.

17 (b) If an applicant is retiring from any other state-administered retirement system with
18 reciprocity, the agency shall hold the retirement allowance payment until the other state-
19 administered retirement system finalizes the applicant's retirement from its retirement system in
20 accordance with KRS 61.680(8) and 78.5542.

21 (2) The agency shall not process an actuarial equivalent refund or lump sum refund until the
22 applicant has filed all requirements of this administrative regulation, and the applicant's employer
23 has submitted proof of the applicant's employment termination, and reported all creditable
24 compensation and accumulated sick leave.

1 ~~(3)(a)[(4)(a) The member shall terminate employment with all employers participating in the~~
2 ~~Kentucky Employees Retirement System, the County Employees Retirement System, and the~~
3 ~~State Police Retirement System no later than the month before the member's effective retirement~~
4 ~~date if the member is retiring pursuant to KRS 61.590(5)(a) or (c).]~~

5 [(b) The agency[retirement office] shall not process the first retirement allowance payment
6 earlier than[is] the month of the applicant's[~~following the month in which the completed Form~~
7 ~~6010, Estimated Retirement Allowance, and all other applicable forms and documents as~~
8 ~~provided in this administrative regulation, have been filed at the retirement office but not before~~
9 ~~the member's]~~ effective retirement date as indicated on the Form 6010, Estimated Retirement
10 Allowance.

11 ~~[(5) If the member is retiring pursuant to KRS 61.590(5)(c), the member shall return the Form~~
12 ~~6010, Estimated Retirement Allowance, within six (6) months of the member's effective~~
13 ~~retirement date as provided on the member's Form 6000, Notification of Retirement to retain the~~
14 ~~effective date of retirement shown on the form.]~~

15 ~~[(6) If the member fails to return the Form 6010, Estimated Retirement Allowance, within six~~
16 ~~(6) months of the member's effective retirement date, the member's Form 6000, Notification of~~
17 ~~Retirement, shall be void and the member shall be required to submit a new Form 6000,~~
18 ~~Notification of Retirement and select a new effective retirement date. The member shall not~~
19 ~~select an effective retirement date prior to the date the Form 6000, Notification of Retirement is~~
20 ~~submitted.]~~

21 ~~[(7) If a member who is approved for disability retirement benefits fails to return the member's~~
22 ~~Form 6010, Estimated Retirement Allowance within six (6) months of the date the member is~~
23 ~~notified that the member's disability application has been approved, then the member's Form~~
24 ~~6000, Notification of Retirement, and the approval of the member's application for disability~~

1 ~~retirement benefits shall be considered void. The member may file a subsequent Form 6000,~~
2 ~~Notification of Retirement, to re-apply for disability retirement benefits.]~~

3 ~~[(8) If a member's Form 6000, Notification of Retirement, is withdrawn, invalid, or voided,~~
4 ~~the beneficiary or beneficiaries and contingent beneficiary or beneficiaries designated on the last~~
5 ~~Form 2035, Beneficiary Designation, on file at the retirement office shall remain in full force and~~
6 ~~effect.]~~

7 ~~[Section 4.]~~

8 ~~[(4)](b) The agency~~[retirement office]~~ shall~~[not]~~ process the first service~~[a monthly]~~~~

9 retirement allowance payment the month following the month:

10 1. Of the applicant's last termination date; and

11 2. All applicable forms and documents as established by this administrative regulation are
12 on file.

13 (c) The agency shall process the disability retirement allowance payment in accordance with
14 105 KAR 1:210.~~[until the member has filed at the retirement office:~~

15 ~~(a) A properly signed, witnessed, and dated Form 6010, Estimated Retirement Allowance;~~

16 ~~(b) A copy of the member's birth verification;~~

17 ~~(c) A copy of the birth verification for the beneficiary if selecting a survivorship option; and~~

18 ~~(d)~~

19 ~~1. A completed Form 6130, Authorization for Deposit of Retirement Payment; or~~

20 ~~2. A completed Form 6135, Request for Payment by Check.~~

21 ~~(2) The retirement office shall not process a lump sum retirement benefit until:~~

22 ~~(a) The member has filed at the retirement office:~~

23 ~~1. A properly signed, witnessed, and dated Form 6010, Estimated Retirement Allowance;~~

24 ~~and~~

1 ~~2. A Form 6025, Direct Rollover/Direct Payment Election Form for a Member or a Spouse~~
2 ~~Beneficiary of an Eligible Rollover Distribution; and~~

3 ~~(b) The member's employer has filed at the retirement office proof of the member's~~
4 ~~employment termination and reported all creditable compensation and accumulated sick leave.]~~

5 Section 9. Subsequent application for Retirement While a Prior Application is Pending.

6 If a valid subsequent application for retirement that complies with Section 4 of this
7 administrative regulation is filed while a prior application is pending:

8 (1) If the subsequent application is filed by 11:59 p.m. Eastern Time on the last day of the
9 month prior to the month of the applicant's initial retirement allowance payment, the subsequent
10 application shall supersede the prior application on file; or

11 (2) If the subsequent application is filed after 11:59 p.m. Eastern Time on the last day of the
12 month prior to the month of the applicant's initial retirement allowance payment, the subsequent
13 application shall not be valid.

14 Section 10. Death during the retirement application process.

15 (1) Except as provided in subsection (2) of this section, if the applicant dies prior to the first
16 day of the month in which the applicant would have received his or her first retirement payment,
17 any benefits payable to a beneficiary or estate shall be determined pursuant to KRS 16.578,
18 61.640, 78.5532, and 105 KAR 1:180.

19 (2) If an applicant for disability retirement dies prior to receiving his or her first retirement
20 payment, eligibility for a disability retirement allowance that may be payable to a beneficiary,
21 surviving spouse, dependent child, or estate shall be determined pursuant to KRS 16.582,
22 61.600, 61.621, 61.665, 78.545, 78.5522, 78.5524, and 105 KAR 1:210.

23 Section 11. Exceptions to changing the beneficiary after retirement.

1 (1) Except as provided in this section, the beneficiary indicated on the Form 6000 shall not
2 be changed on or after the first day of the month in which a recipient receives his or her first
3 retirement allowance payment.

4 (2)(a) In accordance with KRS 61.542(5)(a) and 78.545, a beneficiary may be changed at
5 any time by a recipient receiving a monthly retirement allowance under:

6 1. The basic payment option;

7 2. A period certain option as provided by KRS 61.635(5) to (7) and 78.545; or

8 3. The Social Security adjustment option without survivor rights as provided by KRS
9 61.635(8)(a) and 78.545.

10 (b) To change the beneficiary as provided in this subsection, the recipient shall file a valid
11 Form 6036, Beneficiary Designation Change. The newly designated beneficiary shall be
12 effective the date the valid Form 6036 is on file.

13 (c) The recipient shall not change the payment option selected at retirement.

14 (3)(a) In accordance with KRS 61.542(5)(b) and 78.545, a beneficiary may be changed only
15 once by the end of day 120 calendar days following the date of a recipient's marriage or
16 remarriage.

17 (b) To change the beneficiary as provided in this subsection, the recipient shall file a valid
18 Form 6035, Beneficiary and Payment Option Change, by the end of day 100 calendar days
19 following the date of a recipient's marriage or remarriage that includes:

20 1. Verification of the date of birth of the new beneficiary as provided in Section 5 of this
21 administrative regulation;

22 2. The recipient and new beneficiary's marriage certificate; and

23 3. If a prior spouse was the beneficiary, a divorce decree or death certificate.

1 (c) Once a valid Form 6035 is on file, the agency shall provide the recipient with a Form
2 6050 Payment Option Change Designation. The recipient shall complete and file a valid Form
3 6050 selecting his or her new payment option as established in KRS 61.542(5)(b)2. And 78.545
4 by the end of day 120 calendar days following the date of his or her marriage or remarriage.

5 (d) A change in payment option pursuant to this subsection shall not affect payments to an
6 alternate payee under a Qualified Domestic Relations Order.

7 (e) If the recipient fails to timely complete all requirements of this subsection, the beneficiary
8 previously on file will remain the beneficiary. If no beneficiary was previously on file, the
9 beneficiary shall be the estate.

10 Section 12.[Section 5.] Incorporation by Reference.

11 (1) The following material is incorporated by reference:

12 (a) Form 2035, "Beneficiary Designation", December 2024[Form 6000, "Notification of
13 Retirement", May 2019];

14 (b) Form 6010, "Estimated Retirement Allowance", April 2024[May 2015];

15 (c) Form 6017, "Federal Income Tax Withholding Preference for Periodic Payments",
16 January 2024[Form 6130, "Authorization for Deposit of Retirement Payment", July 2015];

17 (d) Form 6025, "Direct Rollover/Direct Payment Election Form for a Member, Beneficiary, or
18 Alternate Payee Regarding an Eligible Rollover Distribution ", June 2023[Form 6017, "Federal
19 Income Tax Withholding Preference for Periodic Payments", May 2018];

20 (e) Form 6030, "Death Benefit Designation", November 2024[May 2015];

21 (f) Form 6035, "Beneficiary and Payment Option Change", April 2024[Form 6135, "Request
22 for Payment by Check", July 2015];

23 (g) Form 6036, "Beneficiary Designation Change", April 2024[Form 2035, "Beneficiary
24 Designation", May 2015];[and]

1 (h) Form 6050 "Estimated Retirement Allowance", April 2022;
2 (i) Form 6130, "Authorization for Deposit of Retirement Payment", November 2024; and
3 (j) Form 6135, "Request for Payment by Check", April 2024~~[Form 6025, "Direct~~
4 ~~Rollover/Direct Payment Election Form for a Member or a Spouse Beneficiary of an Eligible~~
5 ~~Rollover Distribution", May 2015].~~

6 (2) This material may be inspected, copied, or obtained, subject to applicable copyright law,
7 at the Kentucky Public Pensions Authority~~[Retirement Systems]~~, 1260 Louisville Road,
8 Frankfort, Kentucky 40601, Monday through Friday, 8 a.m. to 4:30 p.m. This material is also
9 available on the agency's Web site at <https://kyret.ky.gov>.

APPROVED:

RYAN BARROW,
EXECUTIVE DIRECTOR
KENTUCKY PUBLIC PENSIONS AUTHORITY

DATE

PUBLIC HEARING AND PUBLIC COMMENT PERIOD: A public hearing to allow for public comment on this administrative regulation shall be held on Wednesday, June 25, 2025 at 10:00 a.m. Eastern Time at the Kentucky Public Pensions Authority (KPPA), 1270 Louisville Road, Frankfort, Kentucky 40601. Individuals interested in presenting a public comment at this hearing shall notify this agency in writing no later than five workdays prior to the hearing of their intent to attend. If no notification of intent to attend the hearing was received by that date, the hearing may be cancelled. A transcript of the public hearing will not be made unless a written request for a transcript is made.

If you do not wish to be heard at the public hearing, you may submit written comments on the proposed administrative regulation. Written comments shall be accepted until June 30, 2025. Send written notification of intent to be heard at the public hearing or written comments on the proposed administrative regulation to the contact person.

KPPA shall file a response with the Regulations Compiler to any public comments received, whether at the public comment hearing or in writing, via a Statement of Consideration no later than the 15th day of the month following the end of the public comment period, or upon filing a written request for extension, no later than the 15th day of the second month following the end of the public comment period.

CONTACT PERSON: Nathan Goodrich, Staff Attorney Supervisor, Kentucky Public Pensions Authority, 1260 Louisville Road, Frankfort, KY 40601, email Legal.Non-Advocacy@kyret.ky.gov, telephone (502) 696-8800 ext. 8570, facsimile (502) 696-8615.

REGULATORY IMPACT ANALYSIS AND TIERING STATEMENT

Regulation number: 105 KAR 1:200
Contact person: Nathan Goodrich
Phone number: 502-696-8800 ext. 8570
Email: Legal.Non-Advocacy@kyret.ky.gov

(1) Provide a brief summary of:

(a) What this administrative regulation does: This administrative regulation establishes the procedures and forms required to apply for and receive retirement benefits.

(b) The necessity of this administrative regulation: This administrative regulation is necessary to establish the procedures and forms required to apply for and receive retirement benefits.

(c) How this administrative regulation conforms to the content of the authorizing statutes: KRS 61.505(1)(g) authorizes the Kentucky Public Pensions Authority to promulgate administrative regulations on behalf of the Kentucky Retirement Systems and the County Employees Retirement System that are consistent with, and are necessary or proper in order to carry out the provisions of KRS 16.505 to 16.652, 61.505, 61.510 to 61.705, and 78.510 to 78.852. KRS 61.590(1) and 78.545 require that all forms and information required by the board are on file to receive retirement benefits.

(d) How this administrative regulation currently assists or will assist in the effective administration of the statutes: This administrative regulation assists with the effective administration of the statutes by establishing the procedures and forms required to apply for and receive retirement benefits.

(2) If this is an amendment to an existing administrative regulation, provide a brief summary of:

(a) How the amendment will change this existing administrative regulation: This amendment adds details to the procedures and requirements for applying for service retirement and disability retirement.

(b) The necessity of the amendment to this administrative regulation: This amendment is necessary in order to add requirement and procedures not previously found in the administrative regulation.

(c) How the amendment conforms to the content of the authorizing statutes: KRS 61.505(1)(g) authorizes the Kentucky Public Pensions Authority to promulgate administrative regulations on behalf of the Kentucky Retirement Systems and the County Employees Retirement System that are consistent with, and are necessary or proper in order to carry out the provisions of KRS 16.505 to 16.652, 61.505, 61.510 to 61.705, and 78.510 to 78.852. KRS 61.590(1) and 78.545 require that all forms and information required by the board are on file to receive retirement benefits.

(d) How the amendment will assist in the effective administration of the statutes: This amendment will assist with the effective administration of the statutes by detailing the procedures and forms required to apply for and receive retirement benefits.

(3) List the type and number of individuals, businesses, organizations, or state and local governments affected by this administrative regulation: This administrative regulation will affect approximately 420,609 participants in the Kentucky Employees Retirement System (KERS),

the State Police Retirement System (SPRS), and the County Employees Retirement System (CERS). This administrative regulation will affect approximately 1,453 employers that participate in KERS, SPRS, and CERS. This administration will also affect the Kentucky Public Pensions Authority.

(4) Provide an analysis of how the entities identified in question (3) will be impacted by either the implementation of this administrative regulation, if new, or by the change, if it is an amendment, including:

(a) List the actions that each of the regulated entities identified in question (3) will have to take to comply with this administrative regulation or amendment: Regulated entities will be minimally impacted by these changes as this administrative regulation is already being administered as written.

(b) In complying with this administrative regulation or amendment, how much will it cost each of the entities identified in question (3): The cost of compliance with this administrative regulation should be negligible, as this administrative regulation is already being administered as written.

(c) As a result of compliance, what benefits will accrue to the entities identified in question (3): The benefits should be negligible, as this administrative regulation is already being administered as written.

(5) Provide an estimate of how much it will cost to implement this administrative regulation:

(a) Initially: The cost associated with the implementation of this amendment should be negligible.

(b) On a continuing basis: The continuing cost associated with this amendment should be negligible.

(6) What is the source of the funding to be used for the implementation and enforcement of this administrative regulation: Administrative expenses of the Kentucky Public Pensions Authority are paid from the Retirement Allowance Account (trust and agency funds).

(7) Provide an assessment of whether an increase in fees or funding will be necessary to implement this administrative regulation, if new, or by the change if it is an amendment: There is no increase in fees or funding required.

(8) State whether or not this administrative regulation establishes any fees or directly or indirectly increases any fees: This administrative regulation does not establish any fees or directly or indirectly increase any fees.

(9) TIERING: Is tiering applied? (Explain why or why not) Tiering is not applied. All participants and entities are subject to the same processes and procedures.

FISCAL IMPACT STATEMENT

Regulation number: 105 KAR 1:200
Contact person: Nathan Goodrich
Phone number: 502-696-8800 ext. 8570
Email: Legal.Non-Advocacy@kyret.ky.gov

(1) Identify each state statute, federal statute, or federal regulation that requires or authorizes the action taken by the administrative regulation. KRS 61.505

(2) Identify the promulgating agency and any other affected state units, parts, or divisions: The promulgating agency for this administrative regulation is the Kentucky Public Pensions Authority (KPPA). This administrative regulation will affect the KPPA, and approximately 349 state government employers that participate in the Kentucky Employees Retirement System (KERS) and 872 employers that participate in the State Police Retirement System (SPRS).

(a) Estimate the following for the first year:

Expenditures: None.

Revenues: None.

Cost Savings: None.

(b) How will expenditures, revenues, or cost savings differ in subsequent years? There should be no expenditures, revenues, or cost saving for this administrative regulation in subsequent years because this administrative regulation is being administered as written.

(3) Identify affected local entities (for example: cities, counties, fire departments, school districts): The County Employees Retirement System (CERS) and 1,120 county and local employers that participate in CERS.

(a) Estimate the following for the first year:

Expenditures: None.

Revenues: None.

Cost Savings: None.

(b) How will expenditures, revenues, or cost savings differ in subsequent years? There should be no expenditures, revenues, or cost saving for this administrative regulation in subsequent years because this administrative regulation is being administered as written.

(4) Identify additional regulated entities not listed in questions (2) or (3): None.

(a) Estimate the following for the first year:

Expenditures: N/A

Revenues: N/A

Cost Savings: N/A

(b) How will expenditures, revenues, or cost savings differ in subsequent years? N/A

(5) Provide a narrative to explain the:

(a) Fiscal impact of this administrative regulation: The fiscal impact of this administrative regulation should be negligible because this administrative regulation is already being administered as written.

(b) Methodology and resources used to determine the fiscal impact: This administrative regulation is already being administered as written.

(6) Explain:

(a) Whether this administrative regulation will have an overall negative or adverse major economic impact to the entities identified in questions (2) - (4). (\$500,000 or more, in aggregate). This administrative regulation will not have a major economic impact because this administrative regulation is already being administered as written.

(b) The methodology and resources used to reach this conclusion: This administrative regulation is already being administered as written.

SUMMARY OF MATERIAL INCORPORATED BY REFERENCE

Form 2035, Beneficiary Designation, is a two (2) page form that members can complete to designate a beneficiary for his or her retirement account prior to retirement.

Form 6010, Estimated Retirement Allowance, is a six (6) page form that members complete to elect his or her payment option for their retirement benefits.

Form 6017, Federal Income Tax Withholding Preference for Periodic Payments, is a three (3) page form that members use to establish or change his or her federal tax withholding preference for their retirement allowance payment.

Form 6025, Direct Rollover/Direct Payment Election Form for a Member, Beneficiary, or Alternate Payee Regarding an Eligible Rollover Distribution, is a six (6) page form that

Form 6030, Death Benefit Designation, is a one (1) page forms that members can complete to designate the beneficiary of the \$5000 death benefit.

Form 6035, Beneficiary and Payment Option Change, is a one (1) page form that members can complete to change their beneficiary designation or payment option after retirement if they meet specific criteria.

Form 6036, Beneficiary Designation Change, is a one (1) page form that members can complete to change their beneficiary designation after retirement if they meet specific criteria.

Form 6050, Estimated Retirement Allowance,

Form 6130, Authorization for Deposit of Retirement Payment, is a two (2) page form that members can complete to authorize direct deposit to his or her financial institution.

Form 6135, Request for Payment by Check, is a one (1) page form that members can complete to request his or her retirement benefits be received via check when they don't have a financial institution, or their financial institution does not participate in the Electronic Funds Transfer program.



KENTUCKY PUBLIC PENSIONS AUTHORITY

1260 Louisville Road • Frankfort, KY 40601
 Phone: (502) 696-8800 • Fax: (502) 696-8822 • kyret.ky.gov



Print Form

Form 2035

Revised 12/2024

Beneficiary Designation

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

Member Name:	Phone (select type) <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work	Member ID or SSN:
KPPA will update contact information for your retirement account based on the details provided below.		
Address:	City:	State: Zip Code:
Member's Date of Birth:	Sex:	Personal Email:

Notice: This form is not valid unless it is completed correctly and received by the retirement office prior to the member's death.

The member and a witness must sign this form or it will not be accepted. You may name one or more individuals, your estate, or a trust as principal or contingent beneficiary of your retirement account. If you wish to name more than four individuals as principal or contingent beneficiaries, please contact our office. Your beneficiary designation may be changed at any time prior to retirement by filing a new Form 2035.

Principal Beneficiary Section: Please select one of the beneficiary types below by checking the appropriate box. The principal beneficiary will receive benefits in the event of your death.

Person

You cannot name yourself as principal beneficiary. You also cannot name the same person as both principal and contingent beneficiary. If you name a single individual as beneficiary, that individual may be eligible for a lifetime benefit upon your death, depending on your total service credit. If you name multiple individuals, your estate or a trust, no lifetime benefit is available. If you name more than one individual as principal beneficiary, you may indicate the percentage each beneficiary is to receive. Percentages for the principal beneficiary section should total but not exceed 100%. If the percentages do not total 100%, the percentages will be adjusted proportionally to equal 100%. If you do not indicate percentages, disbursement of payment will be divided equally among living principal beneficiaries, or if all principal beneficiaries have died, among all living contingent beneficiaries, as provided in KRS 61.542 and 78.545.

1 Name: _____ %: _____	2 Name: _____ %: _____
Social Security Number: _____ Sex: _____	Social Security Number: _____ Sex: _____
Date of Birth: _____ Relationship: _____	Date of Birth: _____ Relationship: _____
Address: _____	Address: _____
City: _____ State: _____ Zip Code: _____	City: _____ State: _____ Zip Code: _____
3 Name: _____ %: _____	4 Name: _____ %: _____
Social Security Number: _____ Sex: _____	Social Security Number: _____ Sex: _____
Date of Birth: _____ Relationship: _____	Date of Birth: _____ Relationship: _____
Address: _____	Address: _____
City: _____ State: _____ Zip Code: _____	City: _____ State: _____ Zip Code: _____

My Estate

If you name your estate as a principal beneficiary, you cannot name a contingent beneficiary. No additional information required.

Living Trust

The following information is required to designate a living trust. You must write the name of the trust as it appears in the trust document and submit a copy of the trust with this form. A charitable organization or a religious charity cannot be named as beneficiary unless it is a trust.

Name of Trust:	Trust Tax ID:	Date of Trust:
Trustee or Successor Trustee Contact Information:		
Name:	<input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work	
Address:	City:	State: Zip Code:

Testamentary Trust

A testamentary trust is established by the member's will and takes effect following the member's death. No additional information required.

Contingent Beneficiary Section: Please select one of the beneficiary types below by checking the appropriate box. The contingent beneficiary will receive benefits in the event of your death only if all of the named principal beneficiaries are deceased. If you named your estate as the principal beneficiary, you cannot name a contingent beneficiary.

Person

You cannot name yourself as contingent beneficiary. You also cannot name the same person as both principal and contingent beneficiary. If you name more than one individual as contingent beneficiary you may indicate the percentage each beneficiary is to receive. Percentages for the contingent beneficiary section should total but not exceed 100%. If you do not indicate percentages, disbursement of payment will be divided equally among living principal beneficiaries, or if all principal beneficiaries have died, among all living contingent beneficiaries, as provided in KRS 61.542 and 78.545.

<p>1 Name: _____ %: _____</p> <p>Social Security Number: _____ Sex: _____</p> <p>Date of Birth: _____ Relationship: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip Code: _____</p>	<p>2 Name: _____ %: _____</p> <p>Social Security Number: _____ Sex: _____</p> <p>Date of Birth: _____ Relationship: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip Code: _____</p>
<p>3 Name: _____ %: _____</p> <p>Social Security Number: _____ Sex: _____</p> <p>Date of Birth: _____ Relationship: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip Code: _____</p>	<p>4 Name: _____ %: _____</p> <p>Social Security Number: _____ Sex: _____</p> <p>Date of Birth: _____ Relationship: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip Code: _____</p>

My Estate

No additional information required.

Living Trust

The following information is required to designate a living trust. You must write the name of the trust as it appears in the trust document and submit a copy of the trust with this form. A charitable organization or a religious charity cannot be named as beneficiary unless it is a trust.

Name of Trust:	Trust Tax ID:	Date of Trust:
Trustee or Successor Trustee Contact Information:		
Name:	Phone (select type) <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work	
Trustee Address:	City:	State: Zip Code:

Testamentary Trust

A testamentary trust is established by the member's will and takes effect following the member's death. No additional information required.



This form is not valid unless signed by the member and witnessed. Please ensure that you have only checked one beneficiary type box in the principal beneficiary section and one beneficiary type box in the contingent beneficiary section. If you select more than one beneficiary type in either section, this form will be considered invalid. Please initial all corrections you have made to the form. Failure to initial changes may cause the form to be invalid.

I hereby certify that the information completed on this form is true 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 penalty of perjury in accordance with KRS 523.010, et seq.

Your Signature:	Member ID:
Witness Signature: (REQUIRED)	Date:



KENTUCKY PUBLIC PENSIONS AUTHORITY

1260 Louisville Road • Frankfort, KY 40601
 Phone: (502) 696-8800 • Fax: (502) 696-8822 • kyret.ky.gov

Form 6010

FORM 6010 ESTIMATED RETIREMENT ALLOWANCE

Retirement Plan: _____ Retirement Date: _____ Retirement Type: _____
 Member: _____ Beneficiary: _____
 Member Date of Birth: _____ Beneficiary Date of Birth: _____

Please Select ONE payment option by checking one box below	Payment to member while living	Payment to beneficiary after member's death
<input type="checkbox"/> Basic/Annuity	\$ _____	\$0.00
<input type="checkbox"/> Life with 10 Years Certain	\$ _____	\$ _____ or \$0.00
<input type="checkbox"/> Life with 15 Years Certain	\$ _____	\$ _____ or \$0.00
<input type="checkbox"/> Life with 20 Years Certain	\$ _____	\$ _____ or \$0.00
<input type="checkbox"/> Survivorship 100%	\$ _____	\$ _____
<input type="checkbox"/> Survivorship 66 2/3%	\$ _____	\$ _____
<input type="checkbox"/> Survivorship 50%	\$ _____	\$ _____
<input type="checkbox"/> Pop-Up	\$ _____	\$ _____
<input type="checkbox"/> Life with 10 Years Certain	\$ _____	\$ _____ or \$0.00

PARTIAL LUMP SUM WITHOUT SURVIVOR RIGHTS (*See Note)

One Time Payment = \$ _____ PLUS \$ _____ \$0.00

PARTIAL LUMP SUM WITH SURVIVOR RIGHTS (*See Note)

One Time Payment = \$ _____ PLUS \$ _____ \$ _____

SOCIAL SECURITY ADJUSTMENT OPTION (*See Note)

- Without Survivor Rights Until Age 62 \$ _____ Age 62 and After \$ _____
- With Survivor Rights Until Age 62 \$ _____ Age 62 and After \$ _____

- I reject all monthly payment options and request an ACTUARIAL refund of approximately \$ _____. I am also forfeiting any health insurance and death benefits provided by the Kentucky Public Pensions Authority. *See Note
- I reject all monthly payment options and request a LUMP SUM refund of approximately \$ _____. I am also forfeiting any health insurance and death benefits provided by the Kentucky Public Pensions Authority. *See Note

* NOTE: If you select the Partial Lump Sum or Refund Option, you must also complete and return the enclosed Form 6025, Direct Rollover/Direct Payment Election Form. The Form 6025 is located in the Special Tax Notice.

(*QDRO*)

Initial Here I understand that the amounts listed above have not been reduced by the amount that is payable to the alternate payee as directed by the Qualified Domestic Relations Order currently in effect on my retirement account. I understand that if I choose a monthly payment option the alternate payee will receive \$ _____ of the BASIC payment option listed above. If I choose a PLSO option, the alternate payee will receive \$ _____ of the one-time lump sum payment and \$ _____ of the correlating Without Survivor Rights monthly payment. If I choose an actuarial refund or lump sum the alternate payee will receive \$ _____ of that payment amount.

Certification

I certify that I have selected the option of my choice. I understand that after the first day of the month in which I receive my first retirement check, I will not have the right to change my payment option or beneficiary except under limited circumstances as outlined in KRS 61.542.

Signature of Recipient: _____ Date: _____
 Signature of Spouse _____ Date: _____
 OR Signature of Witness _____ Date: _____



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FORM 6010 - CB ESTIMATED RETIREMENT ALLOWANCE

Retirement Plan: _____ Retirement Date: _____ Retirement Type: _____
Beneficiary: _____ Member: _____
Beneficiary Date of Birth: _____ Member ID: _____
Beneficiary Address: _____

The payment options available to the Trust are listed below.

Please select ONE payment option by checking **Payment to Trust**
one box below.

I reject all monthly payment options and request a(n) LUMP SUM refund of approximately \$_____. *See Note

Certification

I certify that I have selected the option of my choice. I understand that after the first day of the month in which I receive my first retirement check, I will not have the right to change my payment option except under limited circumstances as outlined in KRS 61.542.

Signature of Trustee(s): _____ Date: _____

Witnessed by: _____ Date: _____

Signature of Co-Trustee(s)
(if applicable): _____ Date: _____

Witnessed by: _____ Date: _____



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FORM 6010 - ESTIMATED RETIREMENT ALLOWANCE

Retirement Plan: _____ Retirement Date: _____ Retirement Type: _____
 Beneficiary: _____ Member: _____
 Beneficiary Date of Birth: _____ Member ID: _____
 Beneficiary Address: _____

The payment options available to the Estate are listed below.

Please select **ONE** payment option by checking one box below.

Payment To Estate

LUMP SUM REFUND

One Time Payment = \$ _____

* NOTE: If you select the Refund Option, you must also complete and return the enclosed Form 6016, Federal Income Tax Withholding Preference for Non-Periodic Payments to Estates.

Certification

I certify that I have selected the option of my choice. I understand that after the first day of the month in which I receive my first retirement check, I will not have the right to change my payment option except under limited circumstances as outlined in KRS 61.542.

Signature of Executor/Administrator: _____ Date: _____

Witnessed by: _____ Date: _____

Signature of Co-Executor /
 Co-Administrator
 (if applicable): _____ Date: _____

Witnessed by: _____ Date: _____



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FORM 6010 - ESTIMATED RETIREMENT ALLOWANCE

Retirement Plan: _____

Retirement Date: _____

Retirement Type: _____

Member Information

MEMBER NAME _____ Member ID: _____

This account has multiple beneficiaries.

Beneficiary Information

Percentage of the Benefit Listed Below

BENE NAME 1 _____ %

ADDRESS LINE 1 _____

ADDRESS LINE 2, ZIP _____

BENE NAME 2 _____ %

ADDRESS LINE 1 _____

ADDRESS LINE 2, ZIP _____

BENE NAME 3 _____ %

ADDRESS LINE 1 _____

ADDRESS LINE 2, ZIP _____

The payment options available to beneficiaries of this account are listed below. Please note that the total payment amount is provided for each payment option. The percentages shown above reflect the percentage of the total payment each beneficiary will receive. All beneficiaries must select the same payment option and sign the same Form 6010 (see signature section below).

Please select ONE payment option by checking one box below. Payment to Beneficiary

60 Months Certain (See Note*) \$_____ per month for only 60 months

120 Months Certain (See Note*) \$_____ per month for only 120 months

We reject all monthly payment options and request a(n) LUMP SUM refund of approximately \$_____. We are also forfeiting any health insurance provided by the Kentucky Public Pensions Authority. **See Note

*NOTE: By selecting this option, I will forfeit health insurance benefits when my monthly payments end.

**NOTE: If the actuarial refund, lump sum refund, or 60 months certain option is selected, each beneficiary must complete and return a Form 6025, Direct Rollover/Direct Payment Election Form. The Form 6025 is located in the Special Tax Notice.

Certification

I certify that I have selected the option of my choice. I understand that after the first day of the month in which I receive my first retirement check, I will not have the right to change my payment option except under limited circumstances as outlined in KRS 61.542.

Signature of Recipient: _____ Date: _____

Signature of Witness _____ Date: _____

Signature of Recipient: _____ Date: _____

Signature of Witness _____ Date: _____

Signature of Recipient: _____ Date: _____

Signature of Witness _____ Date: _____



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FORM 6010 - ESTIMATED RETIREMENT ALLOWANCE

Retirement Plan: _____ Retirement Date: _____ Retirement Type: _____

Beneficiary: _____ Member: _____
 Beneficiary Date of Birth: _____ Member ID: _____
 Beneficiary Address: _____

Please select ONE payment option by checking one box below.

Payment to Beneficiary

- Life Annuity \$ _____ per month for your lifetime
- 60 Months Certain (*See Note) \$ _____ per month for only 60 months
- 120 Months Certain (*See Note) \$ _____ per month for only 120 months
- I reject all monthly payment options and request a(n) ACTUARIAL refund of approximately \$ _____. I am also forfeiting any health insurance provided by the Kentucky Public Pensions Authority. **See Note

* NOTE: By selecting this option, I will forfeit health insurance benefits when my monthly payments end.

**NOTE: If you select the actuarial refund, lump sum refund or 60 months certain you must also complete and return the enclosed Form 6025, Direct Rollover/Direct Payment Election Form. The Form 6025 is located in the Special Tax Notice.

Certification

I certify that I have selected the option of my choice. I understand that after the first day of the month in which I receive my first retirement check, I will not have the right to change my payment option except under limited circumstances as outlined in KRS 61.542.

Signature of Recipient: _____ Date: _____
 Signature of Witness _____ Date: _____



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FORM 6010 - ESTIMATED RETIREMENT ALLOWANCE

Retirement Plan: _____ Retirement Date: _____ Retirement Type: _____
Beneficiary: _____ Member: _____
Beneficiary Date of Birth: _____ Member ID: _____
Beneficiary Address: _____

Please select ONE payment option by checking one box below.

Payment To Beneficiary

LUMP SUM REFUND OF MEMBER'S ACCUMULATED ACCOUNT BALANCE (*See Note)

One Time Payment = \$ _____

*NOTE: If you select the actuarial refund or lump sum refund you must also complete and return the enclosed Form 6025, Direct Rollover/Direct Payment Election Form. The Form 6025 is located in the Special Tax Notice.

Certification

I certify that I have selected the option of my choice. I understand that after the first day of the month in which I receive my first retirement check, I will not have the right to change my payment option except under limited circumstances as outlined in KRS 61.542.

Signature of Recipient: _____ Date: _____
Signature of Spouse _____ Date: _____
OR Signature of Witness _____ Date: _____



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Form 6017
 Revised 01/2024

Form **W-4P**

Department of the Treasury
 Internal Revenue Service

**Withholding Certificate for
 Periodic Pension or Annuity Payments**

Give Form W-4P to the payer of your pension or annuity payments.

OMB No. 1545-0074

2024

(a) First name and middle initial _____ Last name _____ (b) Social security number _____

KPPA will update contact information for your retirement account based on the details provided below.

**Step 1:
 Enter
 Personal
 Information**

Address _____ Email _____

City or town, state, and ZIP code _____

- (c) **Single or Married filing separately**
 Married filing jointly or Qualifying surviving spouse
 Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See pages 2 and 3 for more information on each step, when to use the estimator at www.irs.gov/W4App, and how to elect to have no federal income tax withheld (if permitted).

**Step 2:
 Income
 From a Job
 and/or
 Multiple
 Pensions/
 Annuities
 (Including a
 Spouse's
 Job/
 Pension/
 Annuity)**

Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity. **See page 2 for examples on how to complete Step 2.**

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; or

(b) Complete the items below.

(i) If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs less the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter "0-0" \$ _____

(ii) If you (and/or your spouse) have any other pensions/annuities that pay less annually than this one, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise enter "0-0" \$ _____

(iii) Add the amounts from items (i) and (ii) and enter the **total** here \$ _____

TIP: To be accurate, submit a new Form W-4P for all other pensions/annuities if you haven't updated your withholding since 2021 or this is a new pension/annuity that pays less than the other(s). Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019.

Complete Steps 3–4(b) on this form only if (b)(i) is blank and this pension/annuity pays the most annually. Otherwise, do not complete Steps 3–4(b) on this form.

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		3	\$
	Multiply the number of qualifying children under age 17 by \$2,000	\$		
	Multiply the number of other dependents by \$500	\$		
	Add other credits, such as foreign tax credit and education tax credits	\$		
	Add the amounts for qualifying children, other dependents, and other credits and enter the total here			

Step 4: (optional): Other Adjustments	(a) Other income (not from jobs or pension/annuity payments). If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here.	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld from each payment	4(c)	\$

**Step 5:
 Sign
 Here**
 Your signature: _____ Date: _____
 Member Name: _____ Member ID: _____

General Instructions

Section references are to the Internal Revenue Code.

Future developments. For the latest information about any future developments related to Form W-4P, such as legislation enacted after it was published, go to www.irs.gov/FormW4P.

Purpose of form. Complete Form W-4P to have payers withhold the correct amount of federal income tax from your periodic pension, annuity (including commercial annuities), profit-sharing and stock bonus plan, or IRA payments. Federal income tax withholding applies to the taxable part of these payments. Periodic payments are made in installments at regular intervals (for example, annually, quarterly, or monthly) over a period of more than 1 year. Don't use Form W-4P for a nonperiodic payment (note that distributions from an IRA that are payable on demand are treated as nonperiodic payments) or an eligible rollover distribution (including a lump-sum pension payment). Instead, use Form W-4R, Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions, for these payments/distributions. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Choosing not to have income tax withheld. You can choose not to have federal income tax withheld from your payments by writing "No Withholding" on Form W-4P in the space below Step 4(c). Then, complete Steps 1a, 1b, and 5. Generally, if you are a U.S. citizen or a resident alien, you are not permitted to elect not to have federal income tax withheld on payments to be delivered outside the United States and its territories.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. If your tax situation changes, or you chose not to have federal income tax withheld and you now want withholding, you should submit a new Form W-4P.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Have social security, dividend, capital gain, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
2. Receive these payments or pension and annuity payments for only part of the year.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you (or you and your spouse) receive. If you do not have a job and want to pay these taxes through withholding from your payments, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Payments to nonresident aliens and foreign estates. Do not use Form W-4P. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, write "No Withholding" in the space below Step 4(c). See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you have at least one of the following: income from a job, income from more than one pension/annuity, and/or a spouse (if married filing jointly) that receives income from a job/pension/annuity. The following examples will assist you in completing Step 2(b).

Example 1. Bob, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Bob also has a job that pays \$25,000 a year. Bob has no other pensions or annuities. Bob will enter \$25,000 in Step 2(b)(i) and in Step 2(b)(iii).

If Bob also has \$1,000 of interest income, which he entered on Form W-4, Step 4(a), then he will instead enter \$26,000 in Step 2(b)(i) and in Step 2(b)(iii). He will make no entries in Step 4(a) on this Form W-4P.

Example 2. Carol, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Carol does not have a job, but she also receives another pension for \$25,000 a year (which pays less annually than the \$50,000 pension). Carol will enter \$25,000 in Step 2(b)(ii) and in Step 2(b)(iii).

If Carol also has \$1,000 of interest income, then she will enter \$1,000 in Step 4(a) of this Form W-4P.

Example 3. Don, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Don does not have a job, but he receives another pension for \$75,000 a year (which pays more annually than the \$50,000 pension). Don will not enter any amounts in Step 2.

If Don also has \$1,000 of interest income, he won't enter that amount on this Form W-4P because he entered the \$1,000 on the Form W-4P for the higher paying \$75,000 pension.

Example 4. Ann, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Ann also has a job that pays \$25,000 a year and another pension that pays \$20,000 a year. Ann will enter \$25,000 in Step 2(b)(i), \$20,000 in Step 2(b)(ii), and \$45,000 in Step 2(b)(iii).

If Ann also has \$1,000 of interest income, which she entered on Form W-4, Step 4(a), she will instead enter \$26,000 in Step 2(b)(i), leave Step 2(b)(ii) unchanged, and enter \$46,000 in Step 2(b)(iii). She will make no entries in Step 4(a) of this Form W-4P.

If you are married filing jointly, the entries described above do not change if your spouse is the one who has the job or the other pension/annuity instead of you.



Multiple sources of pensions/annuities or jobs. If you (or if married filing jointly, you and/or your spouse) have a job(s), do NOT complete Steps 3 through 4(b) on Form W-4P. Instead, complete Steps 3 through 4(b) on the Form W-4 for the job. If you (or if married filing jointly, you and your spouse) do not have a job, complete Steps 3 through 4(b) on Form W-4P for only the pension/annuity that pays the most annually. Leave those steps blank for the other pensions/annuities.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. Including these credits will increase your payments and reduce the amount of any refund you may receive when you file your tax return.

Specific Instructions (continued)

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include amounts from any job(s) or pension/annuity payments. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your pension, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 6, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions.

This includes itemized deductions, the additional standard deduction for those 65 and over, and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from each payment. Entering an amount here will reduce your payments and will either increase your refund or reduce any amount of tax that you owe.

Note: If you don't give Form W-4P to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer will withhold tax from your payments as if your filing status is single with no adjustments in Steps 2 through 4. For payments that began before 2024, your current withholding election (or your default rate) remains in effect unless you submit a new Form W-4P.

Step 4(b) - Deductions Worksheet (Keep for your records.)

1	Enter an estimate of your itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income	1	\$ _____			
2	Enter: <table style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> \$29,200 if you're married filing jointly or qualifying surviving spouse \$21,900 if you're head of household \$14,600 if you're single or married filing separately </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>	{	\$29,200 if you're married filing jointly or qualifying surviving spouse \$21,900 if you're head of household \$14,600 if you're single or married filing separately	}	2	\$ _____
{	\$29,200 if you're married filing jointly or qualifying surviving spouse \$21,900 if you're head of household \$14,600 if you're single or married filing separately	}				
3	If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"	3	\$ _____			
4	If line 3 equals zero, and you (or your spouse) are 65 or older, enter: <ul style="list-style-type: none"> • \$1,950 if you're single or head of household. • \$1,550 if you're married filing separately. • \$1,550 if you're a qualifying surviving spouse or you're married filing jointly and one of you is under age 65. • \$3,100 if you're married filing jointly and both of you are age 65 or older. Otherwise, enter "-0-". See Pub. 505 for more information	4	\$ _____			
5	Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information	5	\$ _____			
6	Add lines 3 through 5. Enter the result here and in Step 4(b) on Form W-4P	6	\$ _____			

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request federal income tax withholding from pension or annuity payments based on your filing status and adjustments; (b) request additional federal income tax withholding from your pension or annuity payments; (c) choose not to have federal income tax withheld, when permitted; or (d) change a previous Form W-4P. To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may

also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



KENTUCKY PUBLIC PENSIONS AUTHORITY
 1260 Louisville Road • Frankfort, KY 40601
 Phone: (502) 696-8800 • Fax: (502) 696-8822 • kyret.ky.gov



Form 6025
 Revised 06/2023

Direct Rollover/Direct Payment Election Form for a Member, Beneficiary, or Alternate Payee Regarding an Eligible Rollover Distribution

Required Information: Failure to complete all items and sign this form could delay the processing of your lump sum/ monthly benefit.

Recipient Information

Member Name:		Member ID:	
If you are not the member, please provide your name and Social Security Number (SSN) below.			
Name:		SSN:	
Address:	City:	State:	Zip Code:
Is this a new address? <input type="radio"/> Yes <input type="radio"/> No			

This form must be completed if you are electing to receive an "eligible rollover distribution." **Failure to complete this form could delay the processing of your lump sum/monthly benefit.** If you are the member, the following payment options are "eligible rollover distributions": Actuarial Refund, Partial Lump Sum, and Refund of Contributions. If you are a beneficiary, the following payment options are "eligible rollover distributions": Actuarial Refund, Refund of Contributions, \$5,000 Death Benefit, \$10,000 Lump Sum pursuant to KRS 16.601 and 78.5534, and 60 Months Certain.

Please read the enclosed SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS. **If you have questions about the SPECIAL TAX NOTICE, please contact a qualified tax advisor. Kentucky Public Pensions Authority employees are not qualified to answer questions concerning your tax status or the effects of the federal tax laws and regulations.** After you have read the SPECIAL TAX NOTICE, you must complete the following form to certify that you have read the SPECIAL TAX NOTICE and to make your selections with regard to treatment of your payment.

Distribution of Payment Election: If you are unsure about the information to provide in this section, please contact our office for assistance from a counselor to avoid possible delays in processing your benefits.

I elect a complete distribution of my payment as follows:

If your distribution will include a taxable portion, you must select one option from this column. Taxable Portion (Monies have not yet been taxed) <input type="checkbox"/> Direct Rollover <input type="checkbox"/> Paid Directly to me (less 20% withholding*) <input type="checkbox"/> Partial Rollover in the amount of \$ _____, balance (less 20% withholding*) paid to me.	If your distribution will include a non-taxable portion, you must select one option from this column. Non-Taxable Portion (Monies have already been taxed) <input type="checkbox"/> Direct Rollover <input type="checkbox"/> Paid Directly to me <input type="checkbox"/> Partial Rollover in the amount of \$ _____, balance paid to me.
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Complete page 2 only if you select a rollover

I certify that I have read the enclosed SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS and have selected the distribution option indicated above. I understand that my payment will not be processed until this form is completed and returned to the retirement office. I understand that I have a right to at least 30 days from my receipt of the SPECIAL TAX NOTICE in which to make my decision regarding receipt or rollover of these funds, and by signing and returning this form, I waive my right to the full 30-day period. I understand that if I elect to receive any or all of the taxable portion directly, 20% of the taxable portion paid to me will be withheld for my federal income taxes.* I understand that no tax will be withheld if I have the entire taxable portion rolled over. If I elect to have any or all of the payment rolled over, I will have the Trustee receiving the rollover complete the back of this form. I understand that in the case of monthly payments, my selection will remain in effect for each monthly payment until I change my election. I hereby certify that the information completed on this form is true 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 a false or fraudulent claim for the payment or receipt of benefit, I (personally) may be liable for restitution of the benefits for which I or a minor recipient was not eligible to receive, civil payments, legal fees, and costs.

Signature: _____ Date: _____

*If you are a nonresident alien, the mandatory withholding rate is 30% instead of 20%, unless a tax treaty exemption applies. Page 1

Recipient Information	
Member Name: _____	Member ID: _____
Direct Rollover Information: To be completed by Trustee of IRA or eligible plan receiving rollover. Please complete both sections if the distribution will include a taxable portion and a non-taxable portion.	
Taxable Portion (<i>Monies have not yet been taxed</i>)	
<input type="checkbox"/> Traditional Individual Retirement Account/Annuity* <input type="checkbox"/> Roth Individual Retirement Account/Annuity* <input type="checkbox"/> 401(a) Qualified Plan, 403(a) Qualified Annuity, 403(b) Annuity Contract, or 457(b) Governmental Plan* <input type="checkbox"/> SIMPLE IRA that has been established for at least two (2) years*	
Make check payable to: _____	
Account number (if applicable): _____	
Send check to: _____	
As agent for the above named plan, I certify that the above plan is an eligible plan and will accept the rollover for the benefit of the distributee of pre-tax dollars that would otherwise be taxable upon distribution.	
Trustee/Agent Signature: _____	Phone: _____
Title: _____	Date: _____
Non-Taxable Portion (<i>Monies have already been taxed</i>)	
<input type="checkbox"/> Traditional Individual Retirement Account/Annuity* <input type="checkbox"/> Roth Individual Retirement Account/Annuity* <input type="checkbox"/> 401(a) Qualified Plan or 403(b) Annuity Contract*	
Make check payable to: _____	
Account number (if applicable): _____	
Send check to: _____	
As agent for the above named plan, I certify that the above plan is an eligible plan and will accept the rollover for the benefit of the distributee of post-tax dollars, and will separately account for such post-tax dollars, in the case of a 401(a) qualified plan or a 403(b) annuity contract.	
Trustee/Agent Signature: _____	Phone: _____
Title: _____	Date: _____

* If you are a non-spouse beneficiary, you may only rollover your payment to an "inherited" individual retirement account/annuity. The "inherited" IRA may be either a traditional IRA or a Roth IRA.



KENTUCKY PUBLIC PENSIONS AUTHORITY
 1260 Louisville Road • Frankfort, KY 40601
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Revised 07/2023

Special Tax Notice

Application for Direct Rollover or Direct Payment

You are receiving this notice because all or a portion of a payment you are receiving from the Kentucky Employees Retirement System, County Employees Retirement System, or State Police Retirement System (the "Plan") is eligible to be rolled over to an IRA or an employer plan. This notice is intended to help you decide whether to do such a rollover. If you have additional questions after reading this notice, you can contact your Plan Administrator at 1-502-696-8800 or 1-800-928-4646.

Rules that apply to most payments from a plan are described in the "General Information About Rollovers" section. Special rules that only apply in certain circumstances are described in the "Special Rules and Options" section.

General Information About Rollovers

How can a rollover affect my taxes?

You will be taxed on a payment from the Plan if you do not roll it over. If you are under age 59½ and do not do a rollover, you will also have to pay a 10% additional income tax on early distributions (generally, distributions made before age 59½), unless an exception applies. However, if you do a rollover, you will not have to pay tax until you receive payments later and the 10% additional income tax will not apply if those payments are made after you are age 59½ (or if an exception to the 10% additional income tax applies).

What types of retirement accounts and plans may accept my rollover?

You may roll over the payment to either an IRA (an individual retirement account or individual retirement annuity) or an employer plan (a tax-qualified plan, section 403(b) plan, or governmental section 457(b) plan) that will accept the rollover. The rules of the IRA or employer plan that holds the rollover will determine your investment options, fees, and rights to payment from the IRA or employer plan. Further, the amount rolled over will become subject to the tax rules that apply to the IRA or employer plan (for example, IRAs are not subject to spousal consent rules and IRAs may not provide loans). Further, the amount rolled over will become subject to the tax rules that apply to the IRA or employer plan.

How do I do a rollover?

There are two ways to do a rollover. You can do either a direct rollover or a 60-day rollover.

If you do a direct rollover, the Plan will make the payment directly to your IRA or an employer plan. You should contact the IRA sponsor or the administrator of the employer plan for information on how to do a direct rollover.

If you do not do a direct rollover, you may still do a rollover by making a deposit into an IRA or eligible employer plan that will accept it. Generally, you will have 60 days after you receive the payment to make the deposit. If you do not do a direct rollover, the Plan is required to withhold 20% of the payment for federal income taxes (up to the amount of cash and property received other than employer stock). This means that, in order to roll over the entire payment in a 60-day rollover, you must use other funds to make up for the 20% withheld.

If you do not roll over the entire amount of the payment, the portion not rolled over will be taxed and will be subject to the 10% additional income tax on early distributions if you are under age 59 ½ (unless an exception applies).

How much may I roll over?

If you wish to do a rollover, you may roll over all or part of the amount eligible for rollover. Any payment from the Plan is eligible for rollover, except:

- Certain a period of at least 10 years or over your life or life expectancy (or the joint lives or joint life expectancies of you and your beneficiary);
- Required minimum distributions after age 70½ (if you were born before July 1, 1949), after age 72 (if you were born after June 30, 1949), after age 73 (if you were born on or after January 1, 1951), or after death;
- Corrective distributions of contributions that exceed tax law limitations; and
- Distributions of certain premiums for health and accident insurance.

KPPA can tell you what portion of a payment is eligible for rollover.

If I don't do a rollover, will I have to pay the 10% additional income tax on early distributions?

If you are under age 59½, you will have to pay the 10% additional income tax on early distributions for any payment from the Plan (including amounts withheld for income tax) that you do not roll over, unless one of the exceptions listed below applies. This tax applies to the part of the distribution that you must include in income and is in addition to the regular income tax on the payment not rolled over.

The 10% additional income tax does not apply to the following payments from the Plan:

- Payments made after you separate from service if you will be at least age 55 in the year of the separation;
- Payments that start after you separate from service if paid at least annually in equal or close to equal amounts over your life or life expectancy (or the joint lives or joint life expectancies of you and your beneficiary);
- Payments from a governmental plan made after you separate from service if you are a qualified public safety employee and you will be at least age 50 or have 25 or more years of service in the plan in the year of the separation;
- Payments made due to disability;
- Payments after your death;
- Corrective distributions of contributions that exceed tax law limitations;
- Payments made directly to the government to satisfy a federal tax levy;
- Payments made under a qualified domestic relations order (QDRO);
- Payments up to the amount of your deductible medical expenses (without regard to whether you itemize deductions for the taxable year);
- Certain payments made while you are on active duty if you were a member of a reserve component called to duty after September 11, 2001, for more than 179 days
- Payments of up to \$22,000 made to you if the payment is a qualified disaster recovery distribution;
- Payments made to you if you are terminally ill, as determined by applicable federal requirements or guidance; and
- Phased retirement payments made to federal employees.

If I do a rollover to an IRA, will the 10% additional income tax apply to early distributions from the IRA?

If you receive a payment from an IRA when you are under age 59 ½, you will have to pay the 10% additional income tax on early distributions on the part of the distribution that you must include in income, unless an exception applies. In general, the exceptions to the 10% additional income tax for early distributions from an IRA are the same as the exceptions listed above for early distributions from a plan. However, there are a few differences for payments from an IRA, including:

- The exception for payments made after you separate from service if you will be at least age 55 in the year of the separation (or age 50 or have 25 or more years of service in the Plan for qualified public safety employees) does not apply;
- The exception for qualified domestic relations orders (QDROs) does not apply (although a special rule applies under which, as part of a divorce or separation agreement, a tax-free transfer may be made directly to an IRA of a spouse or former spouse); and
- The exception for payments made at least annually in equal or close to equal amounts over a specified period applies without regard to whether you have had a separation from service.

If you are a "qualified public safety employee," in order not to be subject to the additional 10% early distribution tax on this payment, you must submit a fully completed "Form 4527, Certification by a Qualified Public Safety Employee and Request for an Exception to the ten (10) percent Early Distribution Penalty in IRC 72(t)" to the retirement office. Upon request, Kentucky Public Pensions Authority can provide a copy of the Form 4527 to you. The Form 4527 is also available on the Authority's website, kyret.ky.gov.

Additional exceptions apply for payments from an IRA, including:

- Payments for qualified higher education expenses;
- Payments up to \$10,000 used in a qualified first-time home purchase; and
- Payments for health insurance premiums after you have received unemployment compensation for 12 consecutive weeks (or would have been eligible to receive unemployment compensation but for self-employed status).

Will I owe State income taxes?

This notice does not address any State or local income tax rules (including withholding rules).

Special Rules and Options**If your payment includes after-tax contributions**

After-tax contributions included in a payment are not taxed. If you receive a partial payment of your total benefit, an allocable portion of your after-tax contributions is included in the payment, so you cannot take a payment of only after-tax contributions. However, if you have pre-1987 after-tax contributions maintained in a separate account, a special rule may apply to determine whether the after-tax contributions are included in the payment. In addition, special rules apply when you do a rollover, as described below.

You may roll over to an IRA a payment that includes after-tax contributions through either a direct rollover or a 60-day rollover. You must keep track of the aggregate amount of the after-tax contributions in all of your IRAs (in order to determine your taxable income for later payments from the IRAs). Using the Form 4525, Application for Refund of Member Contributions and Direct Rollover/Direct Payment Selection, or the Form 6025, Direct Rollover/Direct Payment Election Form for a Member, Beneficiary, or Alternate Payee Regarding an Eligible Rollover Distribution, you will elect how your after-tax contributions will be distributed separately from how your pre-tax contributions will be distributed. The Plan will distribute your after-tax contributions and pre-tax contributions in accordance with your elections for each.

You may roll over to an employer plan all of a payment that includes after-tax contributions, but only through a direct rollover (and only if the receiving plan separately accounts for after-tax contributions and is not a governmental section 457(b) plan). You can do a 60-day rollover to an employer plan of part of a payment that includes after-tax contributions, but only up to the amount of the payment that would be taxable if not rolled over.

If you miss the 60-day rollover deadline

Generally, the 60-day rollover deadline cannot be extended. However, the IRS has the limited authority to waive the deadline under certain extraordinary circumstances, such as when external events prevented you from completing the rollover by the 60-day rollover deadline. Under certain circumstances, you may claim eligibility for a waiver of the 60-day rollover deadline by making a written self-certification. Otherwise, to apply for a waiver from the IRS, you must file a private letter ruling request with the IRS. Private letter ruling requests require the payment of a nonrefundable user fee. For more information, see IRS Publication 590-A, Contributions to Individual Retirement Arrangements (IRAs).

If you were born on or before January 1, 1936

If you were born on or before January 1, 1936 and receive a lump sum distribution that you do not roll over, special rules for calculating the amount of the tax on the payment might apply to you. For more information, see IRS Publication 575, *Pension and Annuity Income*.

If you roll over your payment to a Roth IRA

If you roll over a payment from the Plan to a Roth IRA, a special rule applies under which the amount of the payment rolled over (reduced by any after-tax amounts) will be taxed. In general, the 10% additional income tax on early distributions will not apply (unless you take the amount rolled over out of the Roth IRA within the 5 years year period that begins on January 1 of the year of the rollover).

If you roll over the payment to a Roth IRA, later payments from the Roth IRA that are qualified distributions will not be taxed (including earnings after the rollover). A qualified distribution from a Roth IRA is a payment made after you are age 59½ (or after your death or disability, or as a qualified first-time homebuyer distribution of up to \$10,000) and after you have had a Roth IRA for at least 5 years. In applying this 5-year rule, you count from January 1 of the year for which your first contribution was made to a Roth IRA. Payments from the Roth IRA that are not qualified distributions will be taxed to the extent of earnings after the rollover, including the 10% additional income tax on early distributions (unless an exception applies). You do not have to take required minimum distributions from a Roth IRA during your lifetime.

For more IRS information, see IRS Publication 590-A, *Contributions to Individual Retirement Arrangements (IRAs)*, and Publication 590-B, *Distributions from Individual Retirement Arrangements (IRAs)*.

You cannot roll over a distribution to a designated Roth account in another employer's plan.

If you are not a Plan member

Payments after death of the member. If you receive a distribution after the member's death that you do not roll over, the distribution generally will be taxed in the same manner described elsewhere in this notice. However, the 10% additional income tax on early distributions and the special rules for public safety officers do not apply, and the special rule described under the section "If you were born on or before January 1, 1936" applies only if the deceased member was born on or before January 1, 1936.

If you are a surviving spouse

If you receive a payment from the Plan as the surviving spouse of a deceased member, you have the same rollover options that the member would have had, as described elsewhere in this notice. In addition, if you choose to do a rollover to an IRA, you may treat the IRA as your own or as an inherited IRA.

An IRA you treat as your own is treated like any other IRA of yours, so that payments made to you before you are age 59½ will be subject to the 10% additional income tax on early distributions (unless an exception applies) and required minimum distributions from your IRA do not have to start until after you are age 70½ (if you were born before July 1, 1949) or age 72 (if you were born after June 30, 1949), or after age 73 (if you were born on or after January 1, 1951).

If you treat the IRA as an inherited IRA, payments from the IRA will not be subject to the 10% additional income tax on early distributions. However, if the member had started taking required minimum distributions, you will have to receive required minimum distributions from the inherited IRA. If the member had not started taking required minimum distributions from the Plan, you will not have to start receiving required minimum distributions from the inherited IRA until the year the member would have been age 70½ (if the member was born before July 1, 1949) or age 72 (if the member was born after June 30, 1949), or after age 73 (if the member was born on or after January 1, 1951).

If you are a surviving beneficiary other than a spouse. If you receive a payment from the Plan because of the member's death and you are a designated beneficiary other than a surviving spouse, the only rollover option you have is to do a direct rollover to an inherited IRA. Payments from the inherited IRA will not be subject to the 10% additional income tax on early distributions. You will have to receive required minimum distributions from the inherited IRA.

Payments under a QDRO

If you are the spouse or former spouse of the member who receives a lump-sum payment from the Plan under a QDRO ("alternate payee"), you generally have the same options and the same tax treatment that the member would have (for example, you may roll over the payment to your own IRA or an eligible employer plan that will accept it). However, payments under the QDRO will not be subject to the 10% additional income tax on early distributions.

If the alternate payee does not return the Form 6025, Direct Rollover/Direct Payment Election Form for a Member, Beneficiary, or Alternate Payee Regarding an Eligible Rollover Distribution, within thirty (30) days of receipt of the form and this notice, the lump-sum payment shall be processed and treated for federal income tax purposes as if the alternate payee had made an election to directly receive the funds instead of rolling over the payment to an IRA or an eligible employer plan.

In the event that the Plan cannot locate an alternate payee when a lump-sum payment from the Plan pursuant to a QDRO becomes payable, the Plan shall hold the amount payable to the alternate payee and shall make payment to the alternate payee if he or she is located within one hundred eighty (180) days after the payment becomes payable. If the alternate payee has not been located within one hundred eighty (180) days after the alternate payee's payment becomes payable, the Plan shall pay the payment held to the member and shall assign the federal tax liability for this payment to the member. No interest shall accrue on this lump-sum payment during the one hundred and eighty (180) day period or thereafter. If the alternate payee is subsequently located, any amounts already paid to the member shall no longer be payable to the alternate payee.

If you are a nonresident alien

If you are a nonresident alien and you do not do a direct rollover to a U.S. IRA or U.S. employer plan, instead of withholding 20%, the Plan is generally required to withhold 30% of the payment for federal income taxes. If the amount withheld exceeds the amount of tax you owe (as may happen if you do a 60-day rollover), you may request an income tax refund by filing Form 1040NR and attaching your Form 1042-S. See Form W-8BEN for claiming that you are entitled to a reduced rate of withholding under an income tax treaty. For more information, see also IRS Publication 519, *U.S. Tax Guide for Aliens*, and IRS Publication 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*.

Other Special Rules

If a payment is one in a series of payments for less than 10 years, your choice whether to do a direct rollover will apply to all later payments in the series (unless you make a different choice for later payments).

If your payments for the year are less than \$200 (not including payments from a designated Roth account in the Plan), the Plan is not required to allow you to do a direct rollover. However, you may do a 60-day rollover.

You may have special rollover rights if you recently served in the U.S. Armed Forces. For more information on special rollover rights related to the U.S. Armed Forces, see IRS Publication 3, *Armed Forces' Tax Guide*. You also may have special rollover rights if you were affected by a federally declared disaster (or similar event), or if you received a distribution on account of a disaster. For more information on special rollover rights related to disaster relief, see the IRS website at www.irs.gov.

For More Information

You may wish to consult with the Plan administrator or payor, or a professional tax advisor, before taking a payment from the Plan. Also, you can find more detailed information on the federal tax treatment of payments from employer plans in: IRS Publication 575, *Pension and Annuity Income*; IRS Publication 590-A, *Contributions to Individual Retirement Arrangements (IRAs)*; IRS Publication 590-B, *Distributions from Individual Retirement Arrangements (IRAs)*; and IRS Publication 571, *Tax-Sheltered Annuity Plans (403(b) Plans)*. These publications are available from a local IRS office, on the web at www.irs.gov, or by calling 1-800-TAX-FORM



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Form 6030
 Revised 11/2024

Death Benefit Designation
\$5000 Death Benefit from Kentucky Public Pensions Authority

Notice: This properly completed form must be received at Kentucky Public Pensions Authority before your death to be valid.

To be eligible for this benefit, you must be a retired member receiving a monthly benefit on the date of your death from Kentucky Public Pensions Authority based on a minimum of 48 months of service.

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

Member Name:	Member ID:
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KPPA will update contact information for your retirement account based on the details provided below.

Address:	City:	State:	Zip Code:
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Phone (select type) <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work	Email:
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You may name one death benefit beneficiary. Please check only one box below.

Please complete the necessary information and provide the requested documentation with this form. Failure to complete this form properly or provide the requested documentation may invalidate the form. If the form is deemed to be invalid, the previous beneficiary designation on file shall remain in effect. If no beneficiary designation is on file, your Estate will become your beneficiary.

Person

You may only name one person as your death benefit beneficiary.

Beneficiary Name:	Beneficiary Social Security Number:
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Beneficiary Date of Birth:	Relationship to Member:	<input type="radio"/> Male <input type="radio"/> Female
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Address:	City:	State:	Zip Code:
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My Estate

No additional information required.

Living Trust

The following information is required to designate a living trust. You must write the name of the trust as it appears in the trust document and submit a copy of the trust with this form. A charitable organization or a religious charity cannot be named as beneficiary unless it is a trust.

Name of Trust:	Trust Tax ID:
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Trustee or Successor Trustee Contact Information: Our office will contact the trustee listed below following your death.

Name of Trustee:	Successor Trustee (if applicable):
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Trustee Address:	City:	State:	Zip Code:
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Testamentary Trust

A testamentary trust is established by the member's will and takes effect following the member's death. No additional information required.

Funeral Home

Please enclose a copy of the Funeral Home License.

Funeral Home Legal Name:	Funeral Home License Number:
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Funeral Home Tax ID:	Contact Name:	Phone:
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Address:	City:	State:	Zip Code:
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You may only designate ONE beneficiary. This form is not valid if you designate more than one beneficiary. This form is not valid unless signed by the member and witnessed. Please initial all corrections you have made to the form. Failure to initial changes may cause the form to be invalid.

Your Signature:	Member ID:
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Spouse Signature: (Not Required)	Date:
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Witness Signature: (Required if Spouse does not sign)	Date:
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KENTUCKY PUBLIC PENSIONS AUTHORITY

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Form 6035
 Revised 04/2024

Beneficiary and Payment Option Change

NOTICE: Retired members may be eligible to make changes to their account beneficiary and/or payment option under certain conditions. This form is not valid unless it is completed correctly and received in the retirement office prior to the member's death.

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

Member Name:		Member ID:	
KPPA will update contact information for your retirement account based on the details provided below.			
Address:	City:	State:	Zip Code:
Member's Date of Birth:	Email:		

Retirement Account Beneficiary Designation: If you have multiple retirement dates, please complete a form for each retirement date.

<input type="checkbox"/> Kentucky Employees Retirement System (KERS)
<input type="checkbox"/> County Employees Retirement System (CERS)
<input type="checkbox"/> State Police Retirement System (SPRS)
Retirement Date:

Marital Status

Is this beneficiary change due to your recent (within 120 days) marriage or remarriage? Yes No


A retired member receiving a monthly retirement allowance who marries or remarries after retiring may make a one-time election within 120 days of marriage or remarriage to provide monthly survivorship benefits to his/her new spouse by designating the new spouse as beneficiary. Upon receipt of a valid Form 6035, the retirement office will mail additional forms for you to complete and return. All forms must be received in the retirement office by the end of the month to be effective with the following month's retirement payment; changes to a member's retirement payment option will not be retroactive.

Any new survivorship payment option shall be actuarially equivalent to the monthly payment option the member was receiving prior to the change and shall not impact any other benefits otherwise payable to an alternate payee under a valid Qualified Domestic Relations Order already on file at the retirement office.

You must provide date of birth verification and a copy of your marriage certificate with this form. Acceptable forms of date of birth verification include a copy of any of the following: birth certificate, state issued driver's license, U.S. Passport, Military ID or Discharge, Immigration and Naturalization records.

Spouse Name:		Date of Marriage or Remarriage:	
Spouse Social Security Number:	Date of Birth:	Gender:	
Address:	City:	State:	Zip Code:

CERTIFICATION AND AUTHORIZATION

 **If you are eligible and you choose to submit changes using this form, the change made to your account beneficiary is irrevocable.**

In lieu of benefits I am currently eligible to receive from the Kentucky Employees Retirement System, County Employees Retirement System and/or State Police Retirement System ("the Systems"), I elect to change my retirement account beneficiary, and to have my monthly retirement payment options recalculated. I understand that this election is irrevocable.

If changing my payment option, I understand that I will be sent Form 6050, Payment Option Change Designation, to select a survivorship payment option for my spouse. I understand that the Form 6050, Payment Option Change Designation, must be received by the retirement office within 120 days of the date of marriage or remarriage. If the Form 6050 is not received by the retirement office by the deadline, I understand my current monthly retirement payment option will remain in effect and my designation of my spouse as beneficiary shall be void. I understand that my election to change my monthly retirement payment option will be effective the month following the Systems' receipt of my Form 6050 and will not be made retroactive.

Your Signature: _____ Member ID: _____

Date: _____



KENTUCKY PUBLIC PENSIONS AUTHORITY

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Form 6036
 Revised 04/2024

Beneficiary Designation Change

NOTICE: Retired members may be eligible to make changes to their account beneficiary under certain conditions. This form is not valid unless it is completed correctly and received in the retirement office prior to the member's death.

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

Member Name:	Member ID:
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KPPA will update contact information for your retirement account based on the details provided below.

Address:	City:	State:	Zip Code:
Member's Date of Birth:	Email:		

Retirement Account Beneficiary Designation: If you have multiple retirement dates, please complete a form for each retirement date.

Kentucky Employees Retirement System (KERS)

County Employees Retirement System (CERS)

State Police Retirement System (SPRS)

Retirement Date:

Please select one of the beneficiary types below by checking the appropriate box and provide the required information.

Retired members receiving a monthly retirement allowance under the Basic, Social Security Adjustment Option without Survivor Rights, or a life with period certain payment option may elect to change his/her beneficiary by filing this form with the retirement office. Please note that making this beneficiary change does not change the payment option selected at retirement. You cannot name yourself as beneficiary.

Person

Name:		Social Security Number:	
Date of Birth:	Relationship:		Gender:
Address:	City:	State:	Zip Code:

My Estate
 No additional information required.

Living Trust
 The following information is required to designate a living trust. You must write the name of the trust as it appears in the trust document and submit a copy of the trust with this form. A charitable organization or a religious charity cannot be named as beneficiary unless it is a trust.

Name of Trust:	Trust Tax ID:
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Trustee or Successor Trustee Contact Information: Our office will contact the trustee listed below following your death.

Name:

Address:	City:	State:	Zip Code:
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Testamentary Trust
 A testamentary trust is established by the member's will and takes effect following the member's death. No additional information required.

CERTIFICATION AND AUTHORIZATION

If you are eligible and you choose to submit changes using this form, the change made to your account beneficiary is irrevocable.

In lieu of benefits I am currently eligible to receive from the Kentucky Employees Retirement System, County Employees Retirement System and/or State Police Retirement System ("the Systems"), I elect to change my retirement account beneficiary, and to have my monthly retirement payment options recalculated, if applicable. I understand that this election is irrevocable.

Your Signature: _____ Member ID: _____

Date: _____

KENTUCKY PUBLIC PENSIONS AUTHORITY
 1260 Louisville Road • Frankfort, KY 40601
 Phone: (502) 696-8800 • Fax: (502) 696-8822 • kyret.ky.gov

*6050/

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FORM 6050

****DATE**

FORM 6050 ESTIMATED RETIREMENT ALLOWANCE

Retirement Date:
 Retirement Plan:
 Retirement Type:

Member Information

Beneficiary Information

Beneficiary:
 Beneficiary Date of Birth:

Member Date of Birth:
 Member ID:

Mark [X] in one payment option	Payment to member while living	Payment to beneficiary after member's death
<input type="checkbox"/> SURVIVORSHIP 100%	\$ _____	\$ _____
<input type="checkbox"/> SURVIVORSHIP 66 2/3%	\$ _____	\$ _____
<input type="checkbox"/> SURVIVORSHIP 50%	\$ _____	\$ _____
SOCIAL SECURITY ADJUSTMENT OPTION:		
<input type="checkbox"/> WITH SURVIVORSHIP	<u>UNTIL AGE 62</u> \$ _____	<u>AGE 62 AND AFTER</u> \$ _____

Signature of Recipient: _____ Date: _____

I certify that I have selected the option of my choice. I understand that after the first day of the month in which I receive my first retirement check, I will not have the right to change my payment option or beneficiary except under limited circumstances as outlined in KRS 61.542. I understand that my payment option and beneficiary will not change unless I return this form to KPPA and changes will be effective the month following receipt of the Form 6050. This form is due by _____.



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Form 6130
 Revised 11/2024

Authorization for Deposit of Retirement Payment

Recipient Information: The recipient is the person who is receiving a monthly benefit from the Kentucky Public Pensions Authority. Please provide your Member ID or Social Security Number in the Recipient ID box below.

Recipient Name:		Recipient ID:	
KPPA will update contact information for your retirement account based on the details provided below.			
Address:	City:	State:	Zip Code:
Phone (select type) <input type="radio"/> Mobile <input type="radio"/> Home <input type="radio"/> Work		Email:	
If you are beneficiary of the account, please provide the member's name and Member ID below.			
Member Name:		Member ID:	

Financial Institution Information: Enter the complete information where you want your retirement check to be deposited.

Financial Institution Name:	Account Type: <input type="radio"/> Checking <input type="radio"/> Savings
Depositor Account Number:	Depositor Routing Number:

Required Documents: Please indicate the documentation you are submitting with this form.

For deposits to a Checking Account: I have attached to this form	<input type="radio"/> a VOIDED personalized check <input type="radio"/> verification from my financial institution
For deposits to a Savings Account: I have attached to this form	<input type="radio"/> verification from my financial institution

Prior Financial Institution Information: This section must be completed if you are making a change to a new financial institution, account number, or routing number. Enter the complete information where your retirement check currently is deposited.

Financial Institution Name:	Account Type: <input type="radio"/> Checking <input type="radio"/> Savings
Depositor Account Number:	Depositor Routing Number:

Authorization for Direct Deposit and International Transactions:

I hereby certify that the information completed on this form is true 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 a false or fraudulent claim for the payment or receipt of benefit, the employer I represent, and I (personally) may be liable for restitution of the benefits for which I was not eligible to receive, civil payments, legal fees, and costs.

I authorize and request the Kentucky Public Pensions authority to directly deposit the net amount of my monthly retirement payment to my account at the financial institution designated above. I have attached to this form the documentation indicated above.

I understand that failure to sign this authorization and provide one of the documents listed above will cause a delay in setting up or changing account information.

I acknowledge that electronic payments to the designated account must comply with the provisions of U.S. law, as well as the requirements of the Office of Foreign Assets Control (OFAC) and National Automated Clearing House Association (NACHA) regulations.

I certify that the entire payment that Kentucky Public Pensions Authority sends electronically to the financial institution I have designated, is not subject to being transferred to a foreign bank. I agree to notify Kentucky Public Pensions Authority in writing immediately if the payment becomes subject to transfer to a foreign bank in the future.

Signature: _____

Date: _____

Instructions for Completing Form 6130 - Authorization for Deposit of Retirement Payment

You may initiate or update authorization to deposit your retirement allowance directly into your account at a financial institution by either completing this Form 6130, Authorization for Deposit of Retirement Payment, or by designating an account online through Retiree Self Service. The financial institution may be a bank, savings bank, savings and loan association, credit union, or similar institution that is a member of the Automated Clearing House (ACH). The North American Clearing House Association (NACHA) regulations require certification to identify any direct deposit payment made where the payment amount is subsequently transferred to a foreign bank account.

This form is to be used **ONLY** for the deposit of monthly benefit payments from the Kentucky Public Pensions Authority (KPPA). This form does not authorize withdrawals from your financial institution.

Please provide the necessary information about the financial institution.

- You must sign and date the authorization form.
- You are required to provide a VOIDED personalized check or verification from the financial institution for deposit to a checking account.
- For deposit to a savings account you must provide a verification from the financial institution.
- Your failure to sign and date the authorization form and provide the required documentation will cause a delay in setting up or changing the account information.

For your convenience:

The sample check shows where to locate the required bank information to complete your Direct Deposit.

The image shows a sample check form with the following fields and labels:

- My Name**, **My Address**, **My City, State, & Zip**
- DATE**
- PAY TO THE ORDER OF**
- \$** (amount field)
- DOLLARS**
- Bank Name**, **Bank Address**
- MEMO**
- MICR Line:** +120018828821 925 525 4* 1152
- Labels below MICR line:**
 - 9 Digit Bank Routing Number (points to 120018828821)
 - Your Account Number (points to 925 525 4)
 - Check Number (points to 1152)

Your monthly benefit payments will be deposited into your indicated account on the 14th unless that day is a weekend or holiday, then it will be deposited into your account on the last business day prior to the 14th. If you are a current recipient of a monthly benefit and request a change to the account number or financial institution to which your monthly benefit is deposited, the completed form must be received at the KPPA office by the 20th of the month prior to the month you wish the change to be effective. If your form is received after the 20th of the month, the next monthly payment will be issued as a paper check mailed to your listed address; and the requested change for the direct deposit will be effective the following month.

Once the authorization form has been processed by the KPPA, this authorization for deposit may be cancelled for any of the following reasons:

1. A new authorization for deposit of retirement payment form is submitted and processed at KPPA. This new Form 6130 will supersede your previous authorization form.
2. Your designated account information is updated online through Retiree Self Service.
3. The financial institution no longer accepts direct deposit, which requires you to notify KPPA.
4. Your financial institution rejects your direct deposit indicating your account is closed. In this case, KPPA will notify you of the cancellation.
5. Your monthly benefit no longer covers the cost of your health insurance premium and you must submit payment to our office for your health insurance premium.
6. Notice of your death is received at KPPA.

You may reach the KPPA at (800) 928-4646 or (502) 696-8800 if you have any questions. Written inquiries can be addressed to Kentucky Public Pensions Authority, 1260 Louisville Road, Frankfort, Kentucky 40601. For general information or to obtain additional forms, visit the Kentucky Public Pensions Authority's website: kyret.ky.gov.



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Form 6135
 Revised 04/2024

Request for Payment By Check

Recipient Information

The recipient is the person who is receiving the monthly benefit from the retirement system. Please provide your Member ID or Social Security Number in the Recipient ID box below.

Recipient Name:		Recipient ID:	
KPPA will update contact information for your retirement account based on the details provided below.			
Address:	City:	State:	Zip Code:
Is this a new address? <input type="radio"/> Yes <input type="radio"/> No			
Phone (Select Type) <input type="radio"/> Mobile <input type="radio"/> Home <input type="radio"/> Work	Phone Number:	Email Address:	

Reason for Receiving Retirement Allowance by Check

- I do not currently have an account with a financial institution. I will contact the retirement office when I have opened an account to which my benefit may be deposited.
- My financial institution does not participate in the Electronic Funds Transfer (EFT) program. The following must be completed by your financial institution:

Name of Institution: _____ Phone: _____

This recipient has an account in our institution, but we do not currently participate in the EFT program.

Authorized Signature of Financial Institution Officer: _____ Title: _____

Certification

I certify that the information provided is true 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 a false or fraudulent claim for the payment or receipt of benefit, I may be liable for repayment of benefits I was not entitled to receive, but also liable for civil payments, legal fees, and costs.

I understand that I must contact the retirement office if the above situation changes so that I may have my retirement allowance electronically transferred to my account. The retirement office may require me to verify the above information.

Signature: _____ Date: _____