



Direct Transfer/Rollover Authorization

Important Notice

This form must be returned to Kentucky Public Pensions Authority by the due date listed on the cost estimate. Kentucky Public Pensions Authority, a qualified public defined benefit plan under IRC Section 401(a), has agreed to permit the transfer/rollover of employee assets in order to enable you to purchase credit for all or part of other allowable retirement service in accordance with the provisions of KRS 61.515 to KRS 61.705. Please understand that the acceptance by Kentucky Public Pensions Authority of this transfer/rollover for this purpose in no manner constitutes any acknowledgment or representation by Kentucky Public Pensions Authority with respect to the current tax status of the amount received to purchase allowable service on your behalf.

Member Information

Member Name:		Member ID:		Member SSN: (Last 4 Digits)	
Address:		City:		State:	Zip Code:
Phone (select type) <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work			Email:		

I understand that I am responsible for any and all tax liability.
I authorize my financial institution to transfer/rollover \$ _____ from my account toward the purchase of service credit. I have received a cost estimate from Kentucky Public Pensions Authority.

DUE DATE FOR SUBMISSION OF THIS FORM (payment due date from cost estimate): _____

Member Signature: _____ Date: _____

Financial Institution Information

To be completed by the financial institution making a direct trustee to trustee transfer or rollover of funds.

Complete and return this form to the retirement office by the due date shown above. When sending the transfer/rollover, please make checks payable to: Kentucky State Treasurer, FBO (member name).

Plan Type	Qualified Trust as described in IRC Section 401(a)	IRC Section 401(k)	IRC Section 403 (b) account or annuity	IRC Section 457 deferred compensation plan	"Conduit" or "Rollover" IRA	Taxable amounts in a traditional IRA
Taxed Portion	\$	\$	\$	\$	\$	Not Applicable
Untaxed Portion	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$
Date of Rollover/ Transfer						

Financial Institution: _____

Title: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

I hereby certify that the amount is an eligible transfer/rollover, and that the transfer/rollover is being made from a qualified trust as described in Internal Revenue Code Section 401(a); a Code Section 401(k) account; a Code Section 403(b) account or annuity; a Code Section 457 deferred compensation plan; a "conduit" or "rollover" IRA; or the taxable amounts in a traditional IRA.

Authorized Signature: _____ Date: _____